



## Blue Cross and Blue Shield of Texas Preferred Drug Guide

### Preferred Drug Guide

Blue Cross and Blue Shield of Texas members are requested to present this Preferred Drug Guide to their physician at their next visit.

This document reflects the Blue Cross and Blue Shield of Texas Preferred Drug Guide as of July 1, 2009. This guide is updated quarterly. Please visit [www.bcbstx.com](http://www.bcbstx.com) for the most current formulary list.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on Search.

If you cannot find the drug on this list it typically means that the drug is Non-Preferred.

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#### KEY

<b>caps</b>	capsules
<b>chew tabs</b>	chewable tablets
<b>conc</b>	concentrate
<b>crm</b>	cream
<b>delayed-release</b>	enteric-coated
<b>DL</b>	dispensing limit
<b>ext-release</b>	extended-release
<b>inhal</b>	inhalation
<b>inj</b>	injection
<b>lotn</b>	lotion
<b>NP</b>	non-preferred
<b>ODT</b>	orally disintegrating tabs
<b>oint</b>	ointment
<b>OTC</b>	over-the-counter
<b>P</b>	preferred
<b>soln</b>	solution
<b>supp</b>	suppositories
<b>susp</b>	suspension
<b>tabs</b>	tablets

#### CONTACT INFORMATION

If you have any questions regarding the Blue Cross and Blue Shield of Texas Preferred Drug Guide, or if you have comments or suggestions that can improve the usefulness of this publication, please direct them to:

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Drug coverage is dependent on individual plan benefits

## INTRODUCTION

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to present the 2009 Blue Cross and Blue Shield of Texas Preferred Drug Guide. The Preferred Drug Guide includes all Preferred Brand drugs and a partial list of Generic drugs selected by BCBSTX.

**Physicians are encouraged to prescribe drugs listed in this Preferred Drug Guide. Members are encouraged to show this Preferred Drug Guide to their physicians and pharmacists.**

Prescription drugs may be excluded from coverage if there are over-the-counter (OTC) versions marketed in the same strength and dosage form, even though the labeled indications for the prescription and uses for the OTC products are not the same. For example, famotidine (Pepcid) 20 mg is excluded because an OTC version of the 20 mg tablets, Pepcid AC Maximum Strength, is marketed for OTC use. OTC drugs are not covered with the exception of insulin, oral glucose gel and tabs, and selected diabetic supplies.

## MEMBER PRESCRIPTION BENEFIT

The Preferred Drug Guide is multi-tiered, placing prescription drugs into one of three copayment levels; generic, Preferred Brand (P) or Non-preferred Brand (NP). The drug benefit includes almost all prescription drugs, although some exclusions from coverage do apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, are not covered. Coverage and copayment levels vary depending on the plan.

**Lowest copayment:** Generic drugs – listed and unlisted generic drugs

**Middle copayment:** Preferred Brand drugs – all are listed in this Preferred Drug Guide

**Highest copayment:** Non-preferred Brand drugs – unlisted brand drugs

Prescriptions filled through a retail pharmacy are generally limited to a 90-day supply with one copayment for every 30-day supply. A 90-day supply is also available for medications obtained through the Mail Order pharmacy. Certain drugs have dispensing limitations based upon gender or quantity dispensed per prescription. Drugs that have a Dispensing Limit are listed on pages 3-4.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE AND PREFERRED DRUG COMMITTEE (PDC)

BCBSTX participates on the Prime Therapeutics National P&T Committee which serves as a recommending body for drug formulary inclusion. The Committee seats physicians and pharmacists from throughout the country including a voting member from BCBSTX. Prime Therapeutics does not have voting privileges. Drugs are reviewed in terms of safety, efficacy, and clinical uniqueness.

The Preferred Drug Committee (PDC) is a standing committee of Health Care Service Corporation (HCSC) composed of divisional Medical Directors, Pharmacy Directors, and as needed, practitioners specializing in the area of pharmacoeconomics and health care administration. The PDC unites Prime Therapeutics National P&T Committee clinical assessments with cost-effective therapy modeling considerations to make final formulary placement decisions for HCSC, which includes BCBSTX and HMO Blue Texas.

Members and physicians can review the most up-to-date version of the Preferred Drug Guide at [www.bcbstx.com](http://www.bcbstx.com).

## HOW TO USE THIS PREFERRED DRUG GUIDE

This Preferred Drug Guide is organized into broad therapeutic categories. Within most categories, drugs are grouped based upon drug class, e.g. Macrolides, or use for a specific medical condition, e.g. Diabetes. All the drugs listed, whether Generic or Preferred Brand, are recommended drugs.

- **Generic drugs** are shown in lowercase boldface type. Most generic drugs are followed by a reference brand drug (in parentheses) to assist in product recognition.

Example: **atenolol** (Tenormin)

The brand reference drug Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. The brand reference drugs like Tenormin are usually non-preferred and would take the highest copayment. Some generic products have no brand reference.

- **Preferred Brand drugs are shown in all capital letters.**

Example: DIOVAN – valsartan

- Cipro is marketed as 250 mg, 500 mg, and 750 mg, and 250 mg/5 mL and 500 mg/5 mL oral suspension. The tablets have generic versions available and the oral suspension is only available as brand name Cipro. The Preferred Drug Guide entry includes generic tablets. Cipro suspension would require a separate entry to be a Preferred Drug (tier 2). Because the suspension is non-preferred, it would take the highest copayment (tier 3).

Example: **ciprofloxacin tabs** (Cipro)

- Individual Preferred Drug Guide entries are required for many different dosage forms or routes of administration including oral immediate-release, extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating tablets, transdermal, and topical. Oral immediate-release and transdermal dosage forms of estradiol require separate entries in the Preferred Drug Guide.

Example: **estradiol patches** (Climara)  
**estradiol tabs** (Estrace)

**Drug coverage is dependent on individual plan benefits**

## COST INDEX

Dollar signs are based upon Average Wholesale Price (AWP) or Maximum Allowable Cost (MAC) and range from one (\$) to five (\$\$\$\$\$), ranking the drugs from least to most expensive. Within the same dollar sign, drugs are listed alphabetically. Dollar signs for maintenance drugs are typically based upon a 30 day supply at a commonly prescribed dosage. For drugs that are not prescribed for maintenance conditions, a more appropriate basis is used to determine dollar sign assignment.

\$	.....	\$20.00 or less
\$\$	.....	\$20.01 to \$40
\$\$\$	.....	\$40.01 to \$80
\$\$\$\$	.....	\$80.01 to \$160
\$\$\$\$\$	.....	More than \$160

## GENERIC SUBSTITUTION

BCBSTX encourages generic utilization as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand-name counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict standards of FDA's Good Manufacturing Practice regulations that are required for brand products including batch requirements for identity, strength, purity, and quality.

An FDA-approved generic drug may be substituted for the brand counterpart because it:

- Contains the same active ingredient(s) as the brand drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

To encourage use of generic drugs, Preferred Brand drugs typically become non-preferred and require the highest copayment after a generic version becomes available. This change occurs on a group's next anniversary date on or after January 1, 2009. BCBSTX also encourages the use of generics by having the lowest copayment apply for generic drugs.

In determining the brand or generic classification for covered prescription drugs, BCBSTX utilizes the generic/brand status as assigned by a nationally recognized provider of drug product information. The brand/generic classification of a drug is subject to change over time, which usually changes the copayment level.

## DISPENSING LIMITS

Dispensing limits identify gender restrictions, and/or the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization, enhance member outcomes, and reduce drug benefit costs. Limits are typically developed based upon FDA-approved drug labeling.

The following brand drugs, and generic versions (shown in bold face type when available), have dispensing limits. This list is subject to change.

Brand Name (Generic Name)	Strength	Drug Guide Status	Dispensing Limit Per 30-Day Supply
Accuneb ( <b>albuterol sulfate</b> )	all strengths	P= generic	375 mL
Aciphex (rabeprazole delayed-release)	all strengths	NP	60 tabs**
Actiq (fentanyl)	all strengths	NP	120 units
Actonel (risedronate)	35 mg	P	4 tabs
Actonel (risedronate)	5 mg, 30 mg	P	30 tabs
Actonel (risedronate)	75 mg	P	2 tabs
Actonel (risedronate)	150 mg	P	1 tab
Actonel with Calcium (risedronate + calcium carbonate)	35 mg, 1250 mg	NP	28 day pkg
Advair Diskus / HFA (fluticasone/salmeterol)	all strengths	P	1 inhaler
Aerobid/Aerobid-M (flunisolide)		NP	3 inhalers
<b>albuterol sulfate inhal soln</b>	0.083%	P	375 mL
<b>albuterol sulfate inhal soln</b>	0.5%	P	60 mL
Ambien ( <b>zolpidem</b> )	all strengths	P = generic	30 tabs*
Ambien CR (zolpidem ext-release)	all strengths	NP	30 tabs*
Amerge (naratriptan)	all strengths	NP	18 tabs
Asmanex (mometasone)	all strengths	NP	1 inhaler
Astelin (azelastine)		P	2 bottles
Atrovent HFA (ipratropium)		P	2 inhalers
Atrovent nasal ( <b>ipratropium</b> )	0.03%	P = generic	1 bottle
Atrovent nasal ( <b>ipratropium</b> )	0.06%	P = generic	2 bottles
Axert (almotriptan)	all strengths	NP	12 tabs
Azmacort (triamcinolone)		NP	2 inhalers
Beconase AQ (beclomethasone)		NP	1 bottle
Boniva (ibandronate)	2.5 mg	NP	30 tabs
Boniva (ibandronate)	150 mg	NP	1 tab
<b>butorphanol nasal</b>	10 mg/mL	P	1 bottle
Byetta (exenatide)	250 mcg/mL	NP	1 pen
Caverject (alprostadil)	all strengths	NP	8 doses
Cialis (tadalafil)	all strengths	NP	8 tabs
Combivent (ipratropium/albuterol sulfate)		P	2 inhalers
<b>chromolyn sodium inhal soln</b>		P = generic	240 mL
Duoneb ( <b>ipratropium/albuterol sulfate</b> )	0.5 mg/3 mg	P = generic	540 mL
Edex (alprostadil)	all strengths	NP	8 doses
Fentanyl lozenges (fentanyl citrate)	all strengths	NP	120 units
Fentora (fentanyl)	all strengths	NP	120 units
Flonase ( <b>fluticasone</b> )		P = generic	1 bottle
Flovent Diskus (fluticasone)	all strengths	NP	2 inhalers
Flovent HFA (fluticasone)	all strengths	P	2 inhalers
Flunisolide nasal	29 mcg/spray	NP	1 bottle
<b>flunisolide nasal</b>	25 mcg/spray	P	1 bottle
Foradil Aerolizer (formoterol)		P	1 inhaler
Forteo (teriparatide)		P	1 pen
Fosamax oral soln (alendronate)	70 mg/75 mL	NP	4 bottles
Fosamax tabs ( <b>alendronate</b> )	35 mg, 70 mg	P = generic	4 tabs
Fosamax Plus D (alendronate/cholecalciferol)	all strengths	NP	4 tabs
Frova (frovatriptan)	2.5 mg	NP	18 tabs
Imitrex inj ( <b>sumatriptan</b> )	6 mg/0.5 mL	P	2 pkgs (10 vials)
Imitrex kits/refills (sumatriptan)		P	6 pkgs (12 doses)

Drug coverage is dependent on individual plan benefits

Brand Name (Generic Name)	Strength	Drug Guide Status	Dispensing Limit Per 30-Day Supply
Imitrex nasal (sumatriptan)	all strengths	P	2 pkgs (12 units)
Imitrex tabs ( <b>sumatriptan</b> )	all strengths	P	18 tabs
Intal inhaler (cromolyn sodium)		P	2 inhalers
<b>ipratropium inhal soln</b>		P	313 mL
Janumet (sitagliptin/metformin)	all strengths	NP	60 tabs
Januvia (sitagliptin)	all strengths	NP	30 tabs
<b>ketorolac</b>	10 mg	P	20 tabs/ no coverage at mail
Letairis (ambrisentan)	all strengths	NP	30 tabs
Levitra (vardenafil)	all strengths	NP	8 tabs
Lunesta (eszopiclone)	all strengths	NP	30 tabs*
Maxair Autohaler (pirbuterol)		NP	1 inhaler
Maxalt/Maxalt-MLT (rizatriptan)	all strengths	P	18 tabs
<b>metaproterenol inhal soln</b>	0.4%, 0.6%	P	313 mL
Migranal (dihydroergotamine)	4 mg/mL	P	1 pkg (8 bottles)
Muse (alprostadil)	all strengths	NP	8 doses
Nasacort AQ (triamcinolone)		P	1 bottle
Nasonex (mometasone)		P	1 bottle
Nexium (esomeprazole delayed-release)	20 mg, 40 mg	P	60 caps/packets**
Prevacid (lansoprazole delayed-release)	all strengths	NP	60 caps/packets**
Prevacid Solutab (lansoprazole delayed-release)	all strengths	NP	60 tabs**
Prilosec ( <b>omeprazole delayed-release</b> )	all strengths	P = generic	60 caps**
Pristiq (desvenlafaxine ext-release)	all strengths	NP	30 tabs
Proair HFA (albuterol sulfate)		P	2 inhalers
Protonix tabs ( <b>pantoprazole delayed-release</b> )	all strengths	P = generic	60 tabs**
Protonix granules (pantoprazole delayed-release)		NP	60 packets**
Proventil HFA (albuterol sulfate)		NP	2 inhalers
Provigil (modafinil)	all strengths	NP	30 tabs
Prozac Weekly (fluoxetine delayed-release)	90 mg	NP	4 caps
Pulmicort Flexhaler (budesonide)	90 mcg	P	1 inhaler
Pulmicort Flexhaler (budesonide)	180 mcg	P	2 inhalers
Pulmicort Respules (budesonide)		P	180 mL
QVAR (beclomethasone)	all strengths	P	2 inhalers
Relenza (zanamivir)	5 mg/blister	NP	20 blisters per 180 days
Relpax (eletriptan)	all strengths	NP	12 tabs
Rhinocort Aqua (budesonide)		NP	1 bottle
Rozerem (ramelteon)	all strengths	NP	30 tabs*
Serevent Diskus (salmeterol)		P	1 pkg
Sonata ( <b>zaleplon</b> )	all strengths	P = generic	30 caps*
Spiriva Handihaler (tiotropium)		P	1 box (30 caps)
Symbicort (budesonide/formoterol)	all strengths	P	1 inhaler
Tamiflu caps (oseltamivir)	10 mg	NP	10 caps per 180 days
Tamiflu for susp (oseltamivir)	12 mg/mL	NP	75 mL per 180 days
Tracleer (bosentan)	all strengths	P	60 tabs
Treximet (sumatriptan/naproxen sodium)		NP	18 tabs
Ventolin HFA (albuterol sulfate)		NP	2 inhalers
Veramyst (fluticasone)		NP	1 bottle
Viagra (sildenafil)		P	8 tabs
Xopenex (levalbuterol hcl)	all strengths	NP	360 mL
Xopenex Concentrate (levalbuterol hcl)		NP	3 boxes (90 unit dose)

Brand Name (Generic Name)	Strength	Drug Guide Status	Dispensing Limit Per 30-Day Supply
Xopenex HFA (levalbuterol tartrate)		P	2 inhalers
Xyrem (sodium oxybate)	500 mg/mL	NP	540 mL*
Zegerid (omeprazole/sodium bicarbonate)	all strengths	NP	60 caps/packets**
Zomig nasal (zolmitriptan)	5 mg	P	2 pkgs (12 units)
Zomig/Zomig ZMT (zolmitriptan)	all strengths	P	12 tabs

\* Sedatives are limited to one sedative agent per 30 days and 1 tab/cap per day.

\*\*Proton Pump Inhibitors (PPIs) are limited to one PPI per 30 days and 2 tabs/caps/packets per day.

Drug coverage is dependent on individual plan benefits

# Therapeutic Class Drug List

ANTI-INFECTIVE DRUGS	
PENICILLINS	
\$	<b>amoxicillin</b>
\$	AMOXIL drops – amoxicillin
\$	<b>ampicillin caps</b>
\$	<b>penicillin v potassium</b>
\$\$	<b>amoxicillin/potassium clavulanate</b> (Augmentin)
\$\$	AMPICILLIN susp
\$\$	<b>dicloxacillin</b>
CEPHALOSPORINS	
\$	<b>cefadroxil</b>
\$	<b>ceftriaxone</b> (Rocephin)
\$	<b>cefuroxime</b> (Ceftin)
\$	<b>cephalexin</b> (Keflex)
\$\$	<b>cefdinir</b> (Omnicef)
\$\$	<b>cefprozil</b>
\$\$\$	<b>cefpodoxime</b> (Vantin)
MACROLIDES	
\$	<b>azithromycin</b> (Zithromax)
\$	<b>clarithromycin</b> (Biaxin)
\$	ERY-TAB – erythromycin delayed-release tabs
\$	<b>erythromycin ethylsuccinate</b>
\$	ERYTHROMYCIN FILMTABS – erythromycin base
\$\$	ZITHROMAX packets, 1 g – azithromycin
TETRACYCLINES	
\$	<b>doxycycline hyclate</b>
\$	<b>minocycline caps, tabs</b> (Minocin, Dynacin)
\$	<b>tetracycline</b>
\$\$\$\$	<b>demeclocycline</b> (Declomycin)
FLUOROQUINOLONES	
\$	<b>ciprofloxacin tabs</b> (Cipro)
\$\$\$\$	LEVAQUIN – levofloxacin
AMINOGLYCOSIDES	
\$	<b>neomycin sulfate</b>
\$\$\$\$	TOBI – tobramycin
TUBERCULOSIS	
\$	<b>isoniazid tabs</b>
\$\$\$	ISONIAZID syrup
\$\$\$\$	<b>ethambutol</b> (Myambutol)
\$\$\$\$	<b>isoniazid/rifampin</b> (Rifamate)
\$\$\$\$	<b>pyrazinamide</b>
\$\$\$\$	<b>rifampin</b> (Rifadin)
\$\$\$\$	MYCOBUTIN – rifabutin
FUNGAL INFECTIONS	
\$	<b>fluconazole</b> (Diflucan)
\$	<b>ketoconazole</b>

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\$\$	<b>nystatin tabs</b>
\$\$	<b>terbinafine tabs</b> (Lamisil)
\$\$\$	GRIS-PEG – griseofulvin ultramicrosize
\$\$\$	<b>griseofulvin microsize susp</b> (Grifulvin V)
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize
\$\$\$\$\$	<b>itraconazole caps</b> (Sporanox)
\$\$\$\$\$	LAMISIL granules – terbinafine
\$\$\$\$\$	NOXAFIL – posaconazole
\$\$\$\$\$	VFEND – voriconazole

## VIRAL INFECTIONS

### Cytomegalovirus

\$\$\$\$\$	GANCICLOVIR
\$\$\$\$\$	VALCYTE – valganciclovir

### Hepatitis

\$\$\$\$\$	BARACLUDE – entecavir
\$\$\$\$\$	EPIVIR-HBV – lamivudine
\$\$\$\$\$	HEPSERA – adefovir
\$\$\$\$\$	INTRON A – interferon alfa-2b
\$\$\$\$\$	PEG-INTRON – peginterferon alfa-2b
\$\$\$\$\$	PEGASYS – peginterferon alfa-2a
\$\$\$\$\$	<b>ribavirin caps</b> (Rebetol)
\$\$\$\$\$	<b>ribavirin tabs</b> (Copegus)

### Herpes

\$\$	<b>acyclovir</b> (Zovirax)
\$\$\$\$\$	<b>famciclovir</b> (Famvir)
\$\$\$\$\$	VALTREX – valacyclovir

### HIV/AIDS

\$\$\$	<b>zidovudine</b> (Retrovir)
\$\$\$\$	<b>stavudine</b> (Zerit)
\$\$\$\$	VIDEX EC 125 mg – didanosine delayed-release
\$\$\$\$\$	APTIVUS – tipranavir
\$\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir
\$\$\$\$\$	COMBIVIR – lamivudine/zidovudine
\$\$\$\$\$	CRIXIVAN – indinavir
\$\$\$\$\$	<b>didanosine delayed-release</b> (Videx EC)
\$\$\$\$\$	EMTRIVA – emtricitabine
\$\$\$\$\$	EPIVIR – lamivudine
\$\$\$\$\$	EPZICOM – abacavir/lamivudine
\$\$\$\$\$	FUZEON – enfuvirtide
\$\$\$\$\$	INTELENCE – etravirine
\$\$\$\$\$	INVIRASE – saquinavir
\$\$\$\$\$	ISENTRESS – raltegravir
\$\$\$\$\$	KALETRA – lopinavir/ritonavir
\$\$\$\$\$	LEXIVA – fosamprenavir
\$\$\$\$\$	NORVIR – ritonavir
\$\$\$\$\$	PREZISTA – darunavir
\$\$\$\$\$	RESCRIPTOR – delavirdine
\$\$\$\$\$	REYATAZ – atazanavir

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\$\$\$\$	SELZENTRY – maraviroc
\$\$\$\$	SUSTIVA – efavirenz
\$\$\$\$	TRIZIVIR – abacavir/lamivudine/zidovudine
\$\$\$\$	TRUVADA – emtricitabine/tenofovir
\$\$\$\$	VIDEX – didanosine
\$\$\$\$	VIRACEPT – nelfinavir
\$\$\$\$	VIRAMUNE – nevirapine
\$\$\$\$	VIREAD – tenofovir
\$\$\$\$	ZERIT – stavudine
\$\$\$\$	ZIAGEN – abacavir

#### MALARIA

\$	<b>chloroquine phosphate</b> (Aralen)
\$	<b>hydroxychloroquine</b> (Plaquenil)
\$\$	<b>mefloquine</b> (Lariam)
\$\$	PRIMAQUINE PHOSPHATE
\$\$\$\$	MALARONE – atovaquone/proguanil

#### WORM INFECTIONS

\$	<b>mebendazole</b>
\$	STROMEKTOL – ivermectin
\$\$\$\$	ALBENZA – albendazole
\$\$\$\$	BILTRICIDE – praziquantel

#### OTHER ANTI-INFECTIVES

\$	<b>clindamycin</b> (Cleocin)
\$	<b>metronidazole tabs</b> (Flagyl)
\$	<b>sulfamethoxazole/trimethoprim</b> (Bactrim, Septra)
\$	<b>trimethoprim</b>
\$\$	<b>erythromycin/sulfisoxazole</b>
\$\$\$	DAPSONE
\$\$\$\$	ZYVOX – linezolid

#### CANCER DRUGS

	AFINITOR – everolimus
	ALFERON N – interferon alfa-n3
	ALKERAN – melphalan
	ARIMIDEX – anastrozole
	AROMASIN – exemestane
	CASODEX – bicalutamide
	CEENU – lomustine
	CYCLOPHOSPHAMIDE tabs
	DEGARELIX – degarelix
	EMCYT – estramustine
	FARESTON – toremifene
	FEMARA – letrozole
	<b>flutamide</b>
	<b>hydroxyurea</b> (Hydrea)
	INTRON A – interferon alfa-2b
	IRESSA – gefitinib
	LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg
	<b>leucovorin calcium tabs, 5 mg, 25 mg</b>

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LEUKERAN – chlorambucil

**leuprolide** (Lupron)

**megestrol** (Megace)

**mercaptopurine** (Purinethol)

MESNEX tabs – mesna

**methotrexate tabs**

MYLERAN – busulfan

NILANDRON – nilutamide

ROFERON-A – interferon alfa-2a

TABLOID – thioguanine

**tamoxifen**

**tretinoin caps** (Vesanoid)

TREXALL – methotrexate

## HORMONES, DIABETES AND RELATED DRUGS

### CORTICOSTEROIDS

\$ **dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg**

\$ **fludrocortisone**

\$ **hydrocortisone** (Cortef)

\$ **methylprednisolone** (Medrol)

\$ **prednisolone sodium phosphate soln** (Orapred, Pediapred)

\$ **prednisolone soln** (Prelone)

\$ **prednisone**

\$ PREDNISON soln, 5 mg/5 mL; tabs, 50 mg

\$\$ **cortisone acetate**

\$\$ DEXAMETHASONE soln, 0.5 mg/5 mL

\$\$\$ PREDNISON INTENSOL

\$\$\$\$ ENTOCORT EC – budesonide ext-release

### MALE HORMONES

\$\$\$\$ ANDROXY – fluoxymesterone

\$\$\$\$ ANDROGEL – testosterone

\$\$\$\$ **danazol**

\$\$\$\$ TESTIM – testosterone

### ESTROGENS

\$ **estradiol tabs** (Estrace)

\$ **estropipate** (Ogen)

\$\$ **estradiol patches** (Climara)

\$\$\$ ACTIVELLA 0.5/0.1 mg – estradiol/norethindrone acetate

\$\$\$ CENESTIN – conjugated estrogens, synthetic A

\$\$\$ DIVIGEL – estradiol

\$\$\$ ENJUVIA – conjugated estrogens, synthetic B

\$\$\$ ESTRADERM – estradiol

\$\$\$ **estradiol/norethindrone acetate 1/0.5 mg** (Activella)

\$\$\$ PREMARIN – conjugated estrogens

\$\$\$ PREMPHASE – conjugated estrogens/medroxyprogesterone

\$\$\$ PREMPRO – conjugated estrogens/medroxyprogesterone

\$\$\$ VIVELLE-DOT – estradiol

### PROGESTINS

\$ **medroxyprogesterone acetate** (Provera)

Drug coverage is dependent on individual plan benefits

Generic = generic name, Tier 1 (reference Brand, Tier 3)

Brand = BRAND NAME, Tier 2 – generic name (generic not available)

\$	<b>norethindrone acetate</b> (Aygestin)
\$\$	PROMETRIUM – progesterone micronized
BIRTH CONTROL – Cervical caps, diaphragms, and IUDs are preferred, but not listed in this guide.	
\$	<b>medroxyprogesterone acetate inj, 150 mg/mL</b> (Depo-Provera)
\$	<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 1/35)
\$	<b>norgestimate/ethinyl estradiol</b> (Ortho Tri-Cyclen)
\$\$	<b>desogestrel/ethinyl estradiol</b> (Cyclessa)
\$\$	<b>desogestrel/ethinyl estradiol</b> (Ortho-Cept)
\$\$	<b>ethynodiol/ethinyl estradiol</b> (Demulen)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Alesse)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Levlite)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Nordette)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Seasonale)
\$\$	<b>levonorgestrel/ethinyl estradiol</b> (Triphasil)
\$\$	<b>norethindrone</b> (Nor-QD)
\$\$	<b>norethindrone</b> (Ortho Micronor)
\$\$	<b>norethindrone acetate/ethinyl estradiol</b> (Loestrin)
\$\$	<b>norethindrone acetate/ethinyl estradiol/Fe</b> (Loestrin Fe)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Modicon)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 7/7/7)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Ovcon 35)
\$\$	<b>norethindrone/ethinyl estradiol</b> (Tri-Norinyl)
\$\$	<b>norethindrone/mestranol</b> (Ortho-Novum 1/50)
\$\$	<b>norgestimate/ethinyl estradiol</b> (Ortho-Cyclen)
\$\$	<b>norgestrel/ethinyl estradiol</b> (Lo/Ovral)
\$\$	PLAN B – levonorgestrel
\$\$\$	<b>desogestrel/ethinyl estradiol</b> (Mircette)
\$\$\$	<b>drospirenone/ethinyl estradiol</b> (Yasmin)
\$\$\$	NUVARING – etonogestrel/ethinyl estradiol
\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol
\$\$\$	YAZ – drospirenone/ethinyl estradiol

#### INFERTILITY

\$\$	<b>clomiphene</b> (Clomid)
\$\$\$	<b>chorionic gonadotropin</b>
\$\$\$\$	FOLLISTIM AQ 300, 600, 900 units – follitropin beta
\$\$\$\$	GANIRELIX ACETATE – ganirelix
\$\$\$\$	GONAL-F – follitropin alfa
\$\$\$\$	REPRONEX – menopins

#### DIABETES – OTC – glucose chew tabs and dextrose tabs are preferred but are not listed in this guide.

\$	<b>glimepiride</b> (Amaryl)
\$	<b>glipizide</b> (Glucotrol)
\$	<b>glyburide</b> (Micronase)
\$	<b>glyburide micronized</b> (Glynase)
\$	<b>metformin</b> (Glucophage)
\$	<b>metformin ext-release</b> (Glucophage XR)
\$\$	<b>glipizide ext-release</b> (Glucotrol XL)
\$\$	<b>glyburide/metformin</b> (Glucovance)
\$\$\$	<b>acarbose</b> (Precose)

Drug coverage is dependent on individual plan benefits

\$\$\$\$	AVANDAMET – rosiglitazone/metformin
\$\$\$\$	AVANDIA – rosiglitazone
\$\$\$\$	GLUCAGON EMERGENCY KIT
\$\$\$\$\$	ACTOPLUS MET – pioglitazone/metformin
\$\$\$\$\$	ACTOS – pioglitazone
\$\$\$\$\$	DUETACT – pioglitazone/glimepiride
\$\$\$\$\$	PRANDIN – repaglinide

## DIABETES – INSULINS

### Rapid-Acting Insulins

\$\$\$\$	HUMALOG – insulin lispro
\$\$\$\$	NOVOLOG – insulin aspart

### Short-Acting Insulins

\$\$\$	HUMULIN R – insulin regular
\$\$\$	NOVOLIN R – insulin regular

### Intermediate-Acting Insulins

\$\$\$	HUMULIN N – insulin isophane
\$\$\$	HUMULIN 50/50 – insulin isophane/regular
\$\$\$	HUMULIN 70/30 – insulin isophane/regular
\$\$\$	NOVOLIN N – insulin isophane
\$\$\$	NOVOLIN 70/30 – insulin isophane/regular
\$\$\$\$	HUMALOG MIX 50/50 – insulin lispro protamine/lispro
\$\$\$\$	HUMALOG MIX 75/25 – insulin lispro protamine/lispro
\$\$\$\$	NOVOLOG MIX 70/30 – insulin aspart protamine/aspart

### Basal Insulins

\$\$\$\$	LANTUS – insulin glargine
\$\$\$\$	LEVEMIR – insulin detemir

## THYROID REGULATION

\$	<b>levothyroxine – includes Levoxyl</b> (Synthroid)
\$	<b>propylthiouracil</b>
\$\$	CYTOMEL – liothyronine
\$\$	<b>liothyronine</b> (Cytomel)
\$\$	<b>methimazole</b> (Tapazole)

## GROWTH HORMONE

\$\$\$\$\$	GENOTROPIN – somatropin
\$\$\$\$\$	INCRELEX – mecasermin
\$\$\$\$\$	NUTROPIN – somatropin
\$\$\$\$\$	NUTROPIN AQ – somatropin

## OTHER HORMONES AND RELATED DRUGS

\$	<b>alendronate tabs</b> (Fosamax) – <b>DL</b>
\$\$	METHERGINE – methylergonovine
\$\$\$	<b>calcitonin-salmon nasal – includes Fortical</b>
\$\$\$\$	ACTONEL – risedronate – <b>DL</b>
\$\$\$\$	<b>desmopressin nasal</b> (DDAVP)
\$\$\$\$	<b>desmopressin tabs</b> (DDAVP)
\$\$\$\$	EVISTA – raloxifene
\$\$\$\$\$	BUPHENYL – sodium phenylbutyrate
\$\$\$\$\$	<b>cabergoline</b>
\$\$\$\$\$	CYSTADANE – betaine

Drug coverage is dependent on individual plan benefits

\$\$\$\$\$	<b>desmopressin inj</b> (DDAVP)
\$\$\$\$\$	FORTEO – teriparatide – <b>DL</b>
\$\$\$\$\$	HECTOROL – doxercalciferol
\$\$\$\$\$	<b>octreotide</b> (Sandostatin)
\$\$\$\$\$	SENSIPAR – cinacalcet
\$\$\$\$\$	STIMATE – desmopressin

## HEART AND CIRCULATORY DRUGS

### ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$	<b>benazepril</b> (Lotensin)
\$	<b>benazepril/hydrochlorothiazide</b> (Lotensin HCT)
\$	<b>captopril</b>
\$	<b>captopril/hydrochlorothiazide</b>
\$	<b>enalapril</b> (Vasotec)
\$	<b>enalapril/hydrochlorothiazide</b> (Vaseretic)
\$	<b>fosinopril</b> (Monopril)
\$	<b>lisinopril</b> (Prinivil)
\$	<b>lisinopril/hydrochlorothiazide</b> (Prinzide)
\$	<b>moexipril/hydrochlorothiazide</b> (Uniretic)
\$	<b>quinapril</b> (Accupril)
\$	<b>ramipril caps</b> (Altace)
\$	<b>trandolapril</b> (Mavik)
\$\$	<b>fosinopril/hydrochlorothiazide</b> (Monopril HCT)
\$\$	<b>moexipril</b> (Univasc)
\$\$	<b>quinapril/hydrochlorothiazide</b> (Accuretic)

### ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS

\$\$\$	BENICAR – olmesartan
\$\$\$\$	BENICAR HCT – olmesartan/hydrochlorothiazide
\$\$\$\$	DIOVAN – valsartan
\$\$\$\$	DIOVAN HCT – valsartan/hydrochlorothiazide

### BETA BLOCKERS AND COMBINATIONS

\$	<b>acebutolol</b> (Sectral)
\$	<b>atenolol</b> (Tenormin)
\$	<b>atenolol/chlorthalidone</b> (Tenoretic)
\$	<b>bisoprolol/hydrochlorothiazide</b> (Ziac)
\$	<b>carvedilol</b> (Coreg)
\$	<b>labetalol</b> (Trandate)
\$	<b>metoprolol succinate ext-release</b> (Toprol XL)
\$	<b>metoprolol tartrate</b> (Lopressor)
\$	<b>nadolol 20 mg, 40 mg, 80 mg</b> (Corgard)
\$	<b>propranolol tabs</b>
\$	<b>propranolol/hydrochlorothiazide 40/25</b>
\$\$	<b>bisoprolol</b> (Zebeta)
\$\$	PROPRANOLOL soln
\$\$	<b>propranolol ext-release</b> (Inderal LA)
\$\$	TIMOLOL
\$\$\$	INNOPRAN XL – propranolol ext-release
\$\$\$	PINDOLOL

Drug coverage is dependent on individual plan benefits

## CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

\$	<b>amlodipine</b> (Norvasc)
\$	<b>diltiazem</b> (Cardizem)
\$	<b>verapamil</b> (Calan)
\$	<b>verapamil ext-release</b> (Calan SR)
\$\$	<b>diltiazem ext-release</b> (Cardizem CD)
\$\$	<b>diltiazem ext-release</b> (Dilacor XR)
\$\$	<b>nifedipine ext-release</b> (Adalat CC)
\$\$	<b>nifedipine ext-release</b> (Procardia XL)
\$\$	<b>verapamil ext-release</b> (Verelan)
\$\$\$	<b>amlodipine/benazepril</b> (Lotrel)
\$\$\$	<b>diltiazem ext-release</b> (Tiazac)
\$\$\$	<b>felodipine ext-release</b>
\$\$\$\$	LOTREL 5/40, 10/40 – amlodipine/benazepril

## CHEST PAIN

\$	<b>isosorbide dinitrate</b> (Isordil)
\$	<b>isosorbide mononitrate</b> (Monoket)
\$	<b>isosorbide mononitrate ext-release</b>
\$	NITRO-BID oint – nitroglycerin
\$	<b>nitroglycerin sublingual tabs</b> (Nitrostat)
\$\$	<b>nitroglycerin patches</b> (Nitro-Dur)

## CHOLESTEROL LOWERING

\$	<b>gemfibrozil</b> (Lopid)
\$	<b>lovastatin</b> (Mevacor)
\$	<b>pravastatin</b> (Pravachol)
\$	<b>simvastatin</b> (Zocor)
\$\$\$	<b>cholestyramine</b> (Questran, Questran Light)
\$\$\$	<b>fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg</b> (Lofibra)
\$\$\$	<b>fenofibrate tabs, 54 mg, 160 mg</b> (Lofibra)
\$\$\$\$	CRESTOR – rosuvastatin
\$\$\$\$	NIASPAN – niacin ext-release
\$\$\$\$	TRICOR – fenofibrate
\$\$\$\$	TRILIPIX – choline fenofibrate
\$\$\$\$\$	WELCHOL – colesevelam

## FLUID RETENTION

\$	<b>acetazolamide</b>
\$	<b>amiloride/hydrochlorothiazide</b>
\$	<b>bumetanide</b> (Bumex)
\$	<b>chlorothiazide</b>
\$	<b>chlorthalidone 25 mg, 50 mg</b>
\$	<b>furosemide soln, 10 mg/mL; tabs</b> (Lasix)
\$	<b>hydrochlorothiazide caps</b> (Microzide)
\$	<b>hydrochlorothiazide tabs, 25 mg, 50 mg</b>
\$	<b>indapamide</b>
\$	<b>methazolamide</b>
\$	<b>spironolactone</b> (Aldactone)
\$	<b>spironolactone/hydrochlorothiazide 25/25</b> (Aldactazide)
\$	<b>toremide</b> (Demadex)

Drug coverage is dependent on individual plan benefits

\$	<b>triamterene/hydrochlorothiazide caps, 37.5/25</b> (Dyazide)
\$	<b>triamterene/hydrochlorothiazide tabs, 37.5/25</b> (Maxzide-25)
\$	<b>triamterene/hydrochlorothiazide tabs, 75/50</b> (Maxzide)
\$\$	<b>amiloride</b> (Midamor)
\$\$	<b>metolazone</b> (Zaroxolyn)
\$\$	<b>triamterene/hydrochlorothiazide caps, 50/25</b>
\$\$\$\$	<b>acetazolamide ext-release</b> (Diamox Sequels)

#### HEART RHYTHM

\$	<b>sotalol</b> (Betapace)
\$\$	<b>amiodarone</b>
\$\$	<b>flecainide</b> (Tambocor)
\$\$	<b>quinidine sulfate</b>
\$\$\$	<b>disopyramide</b> (Norpace)
\$\$\$	<b>disopyramide ext-release 150 mg</b> (Norpace CR)
\$\$\$	<b>propafenone</b> (Rythmol)
\$\$\$	<b>quinidine gluconate ext-release</b>
\$\$\$	<b>sotalol</b> (Betapace AF)
\$\$\$\$	MEXILETINE

#### OTHER HEART RELATED DRUGS

\$	<b>clonidine</b> (Catapres)
\$	<b>digoxin tabs</b> (Lanoxin)
\$	<b>doxazosin</b> (Cardura)
\$	<b>guanfacine</b> (Tenex)
\$	<b>methyldopa</b>
\$	<b>terazosin</b>
\$\$	DIGOXIN soln
\$\$	<b>hydralazine</b>
\$\$	<b>minoxidil</b>
\$\$	<b>prazosin</b> (Minipress)
\$\$\$\$	<b>midodrine</b> (Proamatine)
\$\$\$\$\$	CATAPRES-TTS – clonidine
\$\$\$\$\$	DIBENZYLIN – phenoxybenzamine
\$\$\$\$\$	TRACLEER – bosentan – <b>DL</b>

#### ERECTILE DYSFUNCTION

\$\$\$\$	VIAGRA – sildenafil – <b>DL</b>
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#### BEE STING KITS

\$\$\$	EPIPEN – epinephrine
\$\$\$	EPIPEN JR – epinephrine

### RESPIRATORY AGENTS

#### ANTIHISTAMINES

\$	<b>promethazine supp</b>
\$	<b>promethazine syrup, tabs</b>
\$\$	<b>cyproheptadine</b>
\$\$	<b>fexofenadine</b> (Allegra)
\$\$\$	DEXCHLORPHENIRAMINE MALEATE syrup

#### NASAL PRODUCTS

\$	<b>fluticasone</b> (Flonase) – <b>DL</b>
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Drug coverage is dependent on individual plan benefits

\$\$ **flunisolide 25 mcg/spray – DL**

\$\$ **ipratropium (Atrovent) – DL**

\$\$\$\$ ASTELIN – azelastine – DL

\$\$\$\$ ASTEPRO – azelastine

\$\$\$\$ NASACORT AQ – triamcinolone – DL

\$\$\$\$ NASONEX – mometasone – DL

#### COUGH/COLD/ALLERGY

\$ **brompheniramine/pseudoephedrine ext-release caps, 6/60**

\$ **codeine/guaifenesin soln, 10/100 per 5 mL**

\$ **codeine/guaifenesin tabs, 10/300 (Brontex)**

\$\$\$\$ **acetylcysteine**

\$\$\$\$ ALLEGRA-D 12 hr, 24 hr – fexofenadine/pseudoephedrine ext-release

#### ASTHMA/COPD

\$ **albuterol sulfate syrup, tabs**

\$ **theophylline ext-release tabs – 12 hr – Theochron**

\$\$ **albuterol sulfate inhal soln – DL**

\$\$\$ **cromolyn sodium inhal soln – DL**

\$\$\$ FLOVENT HFA – fluticasone – DL

\$\$\$ **ipratropium inhal soln – DL**

\$\$\$ **ipratropium/albuterol sulfate (Duoneb) – DL**

\$\$\$ PROAIR HFA – albuterol sulfate – DL

\$\$\$ PULMICORT FLEXHALER – budesonide – DL

\$\$\$ QVAR – beclomethasone – DL

\$\$\$ **terbutaline (Brethine)**

\$\$\$ **theophylline ext-release tabs – 24 hr (Uniphyll)**

\$\$\$ XOPENEX HFA – levalbuterol – DL

\$\$\$\$ ATROVENT HFA – ipratropium – DL

\$\$\$\$ COMBIVENT – ipratropium/albuterol sulfate – DL

\$\$\$\$ METAPROTERENOL tabs

\$\$\$\$ SINGULAIR – montelukast

\$\$\$\$\$ ADAIR DISKUS – fluticasone/salmeterol – DL

\$\$\$\$\$ ADAIR HFA – fluticasone/salmeterol – DL

\$\$\$\$\$ FORADIL AEROLIZER – formoterol – DL

\$\$\$\$\$ INTAL INHALER – cromolyn sodium – DL

\$\$\$\$\$ PULMICORT RESPULES – budesonide – DL

\$\$\$\$\$ SEREVENT DISKUS – salmeterol – DL

\$\$\$\$\$ SPIRIVA HANDIHALER – tiotropium – DL

\$\$\$\$\$ SYMBICORT – budesonide/formoterol – DL

#### OTHER RESPIRATORY DRUGS

\$\$\$\$\$ PULMOZYME – dornase alfa

### GASTROINTESTINAL DRUGS

#### LAXATIVES

\$ **lactulose**

\$ **PEG – electrolytes for soln (Colyte)**

\$ **PEG – electrolytes for soln (Nulytely)**

#### ULCER/GERD

\$ **cimetidine, 200 mg not covered**

\$ **dicyclomine (Bentyl)**

Drug coverage is dependent on individual plan benefits

Generic = generic name, Tier 1 (reference Brand, Tier 3)

Brand = BRAND NAME, Tier 2 – generic name (generic not available)

\$	<b>famotidine, 20 mg not covered</b> (Pepcid)
\$	<b>omeprazole delayed release</b> (Prilosec) – DL
\$	<b>ranitidine, 150 mg not covered</b> (Zantac)
\$\$	<b>glycopyrrolate</b> (Robinul)
\$\$	<b>hyoscyamine</b> (Levsin)
\$\$	<b>hyoscyamine ext-release tabs</b> (Levbid)
\$\$	<b>sucralfate tabs</b> (Carafate)
\$\$\$	PROPANTHELINE BROMIDE 15 mg
\$\$\$\$	CARAFATE susp – sucralfate
\$\$\$\$	<b>misoprostol</b> (Cytotec)
\$\$\$\$	<b>pantoprazole delayed-release</b> (Protonix) – DL
\$\$\$\$\$	NEXIUM 20 mg, 40 mg – esomeprazole delayed-release – DL
\$\$\$\$\$	PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release

#### NAUSEA AND VOMITING

\$	<b>meclizine</b> (Antivert)
\$\$	<b>ondansetron oral soln, tabs</b> (Zofran)
\$\$	<b>trimethobenzamide caps</b> (Tigan)
\$\$\$	<b>ondansetron ODT</b> (Zofran ODT)
\$\$\$\$	EMEND caps – aprepitant

#### DIGESTIVE ENZYMES

\$\$\$	PANCRELIPASE tabs, 30-8-30
\$\$\$\$	CREON
\$\$\$\$	LIPRAM UL
\$\$\$\$	PANCREASE MT
\$\$\$\$	ULTRASE/MT
\$\$\$\$	VIOKASE

#### OTHER GASTROINTESTINAL DRUGS

\$	<b>diphenoxylate/atropine</b> (Lomotil)
\$	<b>lactulose – encephalopathy</b>
\$	<b>metoclopramide</b> (Reglan)
\$	<b>sulfasalazine</b> (Azulfidine)
\$\$	<b>ursodiol caps</b> (Actigall)
\$\$\$\$	<b>balsalazide</b> (Colazal)
\$\$\$\$	<b>calcium acetate</b> (Phoslo)
\$\$\$\$	PHOSLO – calcium acetate
\$\$\$\$\$	ASACOL 400 mg – mesalamine delayed-release
\$\$\$\$\$	CANASA – mesalamine supp
\$\$\$\$\$	DIPENTUM – olsalazine
\$\$\$\$\$	LIALDA – mesalamine delayed-release
\$\$\$\$\$	<b>mesalamine enema</b>
\$\$\$\$\$	PENTASA – mesalamine ext-release
\$\$\$\$\$	RENAGEL – sevelamer hcl
\$\$\$\$\$	REVELA – sevelamer carbonate
\$\$\$\$\$	URSO – ursodiol
\$\$\$\$\$	<b>ursodiol tabs</b> (Urso)

#### GENITOURINARY DRUGS

##### URINARY TRACT INFECTIONS

\$	<b>nitrofurantoin monohydrate/macrocystals</b> (Macrobid)
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Drug coverage is dependent on individual plan benefits

\$\$ **nitrofurantoin macrocrystals** (Macrochantin)

#### URINARY TRACT SPASMS

\$ **oxybutynin**

\$\$\$ **oxybutynin ext-release** (Ditropan XL)

\$\$\$\$ DETROL LA – tolterodine ext-release

\$\$\$\$ VESICARE – solifenacin

\$\$\$\$\$ DETROL – tolterodine

#### VAGINAL PRODUCTS

\$\$ ACID JELLY – acetic acid

\$\$ **clindamycin crm** (Cleocin)

\$\$ ESTRACE crm – estradiol

\$\$ **metronidazole** (MetroGel-Vaginal)

\$\$ PREMARIN crm – conjugated estrogens

\$\$\$ VAGIFEM – estradiol vaginal tabs

\$\$\$\$\$ CRINONE 8% – progesterone gel

#### OTHER GENITOURINARY DRUGS

\$ **sodium citrate/citric acid** (Bicitra)

\$\$ **finasteride** (Proscar)

\$\$ **potassium citrate ext-release** (Urocit-K)

\$\$\$ **potassium citrate/citric acid powder, soln** (Polycitra-K)

\$\$\$\$ AVODART – dutasteride

\$\$\$\$ FLOMAX – tamsulosin

\$\$\$\$\$ CYSTAGON – cysteamine

### CENTRAL NERVOUS SYSTEM DRUGS

#### ANXIETY

\$ **alprazolam** (Xanax)

\$ **buspirone** (Buspar)

\$ **diazepam** (Valium)

\$ DIAZEPAM oral soln, 5 mg/5 mL

\$ **hydroxyzine hcl**

\$ **hydroxyzine pamoate** (Vistaril)

\$ **lorazepam** (Ativan)

\$\$ **lorazepam** (Lorazepam Intensol)

#### DEPRESSION

\$ **amitriptyline**

\$ **citalopram** (Celexa)

\$ **doxepin**

\$ **fluoxetine** (Prozac)

\$ **imipramine hcl** (Tofranil)

\$ **mirtazapine** (Remeron)

\$ **nortriptyline** (Pamelor)

\$ **paroxetine hcl** (Paxil)

\$ **sertraline** (Zoloft)

\$ **trazodone**

\$\$ **bupropion** (Wellbutrin)

\$\$ **bupropion ext-release – 12 hr** (Wellbutrin SR)

\$\$ **desipramine** (Norpramin)

\$\$\$ **bupropion ext-release – 24 hr** (Wellbutrin XL)

Drug coverage is dependent on individual plan benefits

Generic = generic name, Tier 1 (reference Brand, Tier 3)

Brand = BRAND NAME, Tier 2 – generic name (generic not available)

\$\$\$	<b>clomipramine</b> (Anafranil)
\$\$\$	<b>venlafaxine</b> (Effexor)
\$\$\$\$	EFFEXOR XR – venlafaxine ext-release
\$\$\$\$	LEXAPRO – escitalopram
\$\$\$\$	NARDIL – phenelzine
\$\$\$\$	<b>paroxetine hcl ext-release 12.5 mg, 25 mg</b> (Paxil CR)
\$\$\$\$	<b>tranylcypromine</b> (Parnate)

#### PSYCHOTIC AND BIPOLAR DISORDERS

\$	<b>chlorpromazine</b>
\$	<b>fluphenazine decanoate</b>
\$	<b>fluphenazine hcl</b>
\$	<b>haloperidol decanoate</b> (Haldol)
\$	<b>haloperidol lactate oral soln</b>
\$	<b>haloperidol tabs</b>
\$	<b>lithium carbonate caps</b>
\$	<b>prochlorperazine supp</b>
\$	<b>prochlorperazine tabs</b>
\$	<b>thiothixene</b> (Navane)
\$\$	<b>lithium carbonate ext-release 300 mg</b> (Lithobid)
\$\$	<b>lithium carbonate ext-release 450 mg</b>
\$\$	<b>trifluoperazine</b>
\$\$\$	<b>clozapine 25 mg, 50 mg, 100 mg</b> (Clozaril)
\$\$\$	<b>lithium citrate</b>
\$\$\$	<b>loxapine</b>
\$\$\$	<b>perphenazine</b>
\$\$\$	<b>risperidone soln, tabs</b> (Risperdal)
\$\$\$\$	GEODON – ziprasidone
\$\$\$\$	RISPERDAL soln – risperidone
\$\$\$\$	RISPERDAL M-TAB – risperidone
\$\$\$\$	<b>risperidone ODT, 0.5 mg, 2 mg, 3 mg, 4 mg</b> (Risperdal M-Tab)
\$\$\$\$	SEROQUEL – quetiapine
\$\$\$\$	SEROQUEL XR – quetiapine ext-release

#### SLEEP AIDS

\$	<b>chloral hydrate syrup</b>
\$	<b>estazolam</b>
\$	<b>temazepam</b> (Restoril)
\$	<b>zaleplon</b> (Sonata) – DL
\$	<b>zolpidem</b> (Ambien) – DL
\$\$\$\$	RESTORIL 7.5 mg – temazepam

#### HYPERACTIVITY/NARCOLEPSY

\$	<b>methylphenidate</b> (Ritalin)
\$\$	<b>amphetamine/dextroamphetamine mixed salts</b> (Adderall)
\$\$	<b>dextroamphetamine tabs, 5 mg</b>
\$\$	<b>methylphenidate ext-release</b> (Ritalin SR)
\$\$\$\$	CONCERTA – methylphenidate ext-release
\$\$\$\$	<b>dextroamphetamine ext-release</b> (Dexedrine Spansule)

#### MULTIPLE SCLEROSIS

\$\$\$\$	AVONEX – interferon beta-1a
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Drug coverage is dependent on individual plan benefits

\$\$\$\$ COPAXONE – glatiramer

\$\$\$\$ REBIF – interferon beta-1a

#### OTHER CENTRAL NERVOUS SYSTEM DRUGS

\$\$\$ **bupropion ext-release** (Zyban)

\$\$\$ ORAP – pimozide

\$\$\$\$ ANTABUSE – disulfiram

\$\$\$\$ CHANTIX – varenicline

\$\$\$\$ ARICEPT – donepezil

\$\$\$\$ ARICEPT ODT – donepezil

\$\$\$\$ EXELON caps, soln – rivastigmine

\$\$\$\$ EXELON patches – rivastigmine

#### PAIN RELIEF DRUGS

##### NON-NARCOTIC DRUGS

\$ **butalbital/acetaminophen tabs, 50/325** (Phrenilin)

\$ **butalbital/acetaminophen tabs, 50/650** (Sedapap)

\$ **butalbital/acetaminophen/caffeine caps, 50/325/40** (Esgic)

\$ **butalbital/acetaminophen/caffeine tabs, 50/325/40** (Fioricet)

\$ **butalbital/acetaminophen/caffeine tabs, 50/500/40** (Esgic Plus)

\$ **butalbital/aspirin/caffeine tabs, 50/325/40**

\$ **salsalate**

\$\$ **butalbital/aspirin/caffeine caps, 50/325/40** (Fiorinal)

##### NARCOTIC DRUGS

\$ **acetaminophen/codeine** (Tylenol w/Codeine)

\$ CODEINE SULFATE 15 mg

\$ **codeine sulfate 30 mg, 60 mg**

\$ **hydrocodone/acetaminophen caps, 5/500**

\$ **hydrocodone/acetaminophen soln, 7.5/500 per 15 mL** (Lortab)

\$ **hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500** (Lortab)

\$ **hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325** (Norco)

\$ **hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660** (Vicodin, Vicodin ES, Vicodin HP)

\$ **hydrocodone/acetaminophen tabs, 7.5/650, 10/650** (Lorcet, Lorcet Plus)

\$ **hydromorphone tabs** (Dilaudid)

\$ **methadone conc, tabs**

\$ **morphine sulfate conc, 20 mg/mL; tabs**

\$ **oxycodone caps** (OxyIR)

\$ **oxycodone conc, soln, tabs** (Roxicodone)

\$ **oxycodone/acetaminophen caps, 5/500** (Tylox)

\$ **oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650** (Percocet)

\$ **propoxyphene hcl/acetaminophen tabs, 65/650**

\$ **propoxyphene napsylate/acetaminophen 50/325, 100/650** (Darvocet-N)

\$ **tramadol** (Ultram)

\$ **tramadol/acetaminophen** (Ultracet)

\$\$ **butalbital/aspirin/caffeine/codeine caps** (Fiorinal w/Codeine)

\$\$ DILAUDID-5 – hydromorphone

\$\$ **hydrocodone/acetaminophen tabs, 10/750** (Maxidone)

\$\$ **hydrocodone/ibuprofen tabs, 5/200** (Reprexain)

\$\$ **hydrocodone/ibuprofen tabs, 7.5/200** (Vicoprofen)

\$\$ **morphine sulfate ext-release** (MS Contin)

Drug coverage is dependent on individual plan benefits

Generic = generic name, Tier 1 (reference Brand, Tier 3)

Brand = BRAND NAME, Tier 2 – generic name (generic not available)

\$\$	<b>morphine sulfate supp, 5 mg, 10 mg, 20 mg</b>
\$\$	<b>oxycodone/aspirin tabs, 5/325</b> (Percodan)
\$\$\$	<b>hydrocodone/ibuprofen tabs, 10/200</b> (Ibudone)
\$\$\$	MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg
\$\$\$\$	<b>fentanyl patches</b> (Duragesic)
\$\$\$\$	KADIAN – morphine sulfate ext-release
\$\$\$\$	<b>oxycodone ext-release</b> (OxyContin)
\$\$\$\$	SUBOXONE – buprenorphine/naloxone
\$\$\$\$	SUBUTEX – buprenorphine

#### RHEUMATOID AND OSTEOARTHRITIS

\$	<b>etodolac</b>
\$	<b>ibuprofen – susp, 100 mg/5 mL not covered</b>
\$	<b>indomethacin</b>
\$	<b>ketoprofen</b>
\$	<b>meloxicam tabs</b> (Mobic)
\$	<b>nabumetone</b>
\$	<b>naproxen</b> (Naprosyn)
\$	<b>naproxen sodium</b> (Anaprox)
\$	<b>piroxicam</b> (Feldene)
\$	<b>sulindac</b> (Clinoril)
\$\$	<b>diclofenac sodium delayed-release</b> (Voltaren)
\$\$	<b>diclofenac sodium ext-release</b> (Voltaren-XR)
\$\$	<b>leflunomide</b> (Arava)
\$\$\$\$	CELEBREX – celecoxib
\$\$\$\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg
\$\$\$\$	ENBREL – etanercept
\$\$\$\$	HUMIRA – adalimumab

#### MIGRAINE HEADACHES

\$	<b>acetaminophen/isometheptene/dichloralphenazone</b> (Midrin)
\$\$\$\$	IMITREX inj kit – sumatriptan – <b>DL</b>
\$\$\$\$	IMITREX nasal – sumatriptan – <b>DL</b>
\$\$\$\$	IMITREX tabs – sumatriptan – <b>DL</b>
\$\$\$\$	MAXALT – rizatriptan – <b>DL</b>
\$\$\$\$	MAXALT-MLT – rizatriptan – <b>DL</b>
\$\$\$\$	MIGRANAL – dihydroergotamine – <b>DL</b>
\$\$\$\$	<b>sumatriptan tabs</b> (Imitrex) – <b>DL</b>
\$\$\$\$	<b>sumatriptan vials, 6 mg</b> (Imitrex) – <b>DL</b>
\$\$\$\$	ZOMIG nasal – zolmitriptan – <b>DL</b>
\$\$\$\$	ZOMIG tabs – zolmitriptan – <b>DL</b>
\$\$\$\$	ZOMIG ZMT – zolmitriptan – <b>DL</b>

#### GOUT

\$	<b>allopurinol</b>
\$	<b>colchicine</b>
\$\$	<b>probenecid</b>
\$\$\$	<b>probenecid/colchicine</b>

#### NEUROMUSCULAR DRUGS

##### SEIZURES

\$	<b>carbamazepine</b> (Tegretol)
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Drug coverage is dependent on individual plan benefits

\$	<b>clonazepam</b> (Klonopin)
\$	<b>phenobarbital</b>
\$	<b>phenytoin susp</b> (Dilantin)
\$\$	DILANTIN 30 mg – phenytoin sodium extended
\$\$	<b>gabapentin caps, tabs</b> (Neurontin)
\$\$	<b>lamotrigine</b> (Lamictal)
\$\$	PHENYTEK – phenytoin sodium extended
\$\$	<b>phenytoin sodium extended</b> (Dilantin)
\$\$	<b>zonisamide</b> (Zonegran)
\$\$\$	DILANTIN INFATABS – phenytoin
\$\$\$	<b>divalproex delayed-release</b> (Depakote)
\$\$\$	<b>levetiracetam</b> (Keppra)
\$\$\$	<b>primidone</b> (Mysoline)
\$\$\$	<b>valproic acid</b> (Depakene)
\$\$\$\$	<b>carbamazepine ext-release 200 mg, 400 mg</b> (Tegretol-XR)
\$\$\$\$	CELONTIN – methsuximide
\$\$\$\$	DEPAKOTE SPRINKLES – divalproex delayed-release
\$\$\$\$	<b>divalproex delayed-release</b> (Depakote Sprinkles)
\$\$\$\$	<b>ethosuximide</b> (Zarontin)
\$\$\$\$	NEURONTIN soln – gabapentin
\$\$\$\$	<b>oxcarbazepine tabs</b> (Trileptal)
\$\$\$\$	TEGRETOL-XR – carbamazepine ext-release
\$\$\$\$	DEPAKOTE ER – divalproex ext-release
\$\$\$\$	DIASTAT – diazepam
\$\$\$\$	<b>divalproex ext-release</b> (Depakote ER)
\$\$\$\$	GABITRIL – tiagabine
\$\$\$\$	KEPPRA – levetiracetam
\$\$\$\$	LAMICTAL Starter Kit – lamotrigine
\$\$\$\$	TOPAMAX – topiramate
\$\$\$\$	<b>topiramate</b> (Topamax)
\$\$\$\$	TRILEPTAL susp – oxcarbazepine

#### PARKINSON'S DISEASE

\$	<b>benztropine</b>
\$	<b>trihexyphenidyl</b>
\$\$	<b>amantadine caps, syrup</b>
\$\$	<b>selegiline caps</b> (Eldepryl)
\$\$\$	<b>carbidopa/levodopa</b> (Sinemet)
\$\$\$	<b>ropinirole</b> (Requip)
\$\$\$\$	<b>bromocriptine</b> (Parlodel)
\$\$\$\$	<b>carbidopa/levodopa ext-release</b> (Sinemet CR)
\$\$\$\$	APOKYN – apomorphine
\$\$\$\$	AZILECT – rasagiline
\$\$\$\$	<b>carbidopa/levodopa ODT</b> (Parcopa)
\$\$\$\$	COMTAN – entacapone
\$\$\$\$	MIRAPEX – pramipexole
\$\$\$\$	PARCOPA – carbidopa/levodopa ODT

#### MUSCLE RELAXANTS

\$	<b>baclofen</b>
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Drug coverage is dependent on individual plan benefits

\$	<b>chlorzoxazone</b>
\$	<b>cyclobenzaprine</b> (Flexeril)
\$	<b>methocarbamol</b> (Robaxin)
\$	<b>orphenadrine citrate ext-release</b>
\$	<b>tizanidine tabs</b> (Zanaflex)
\$\$	<b>orphenadrine/aspirin/caffeine 25/385/30</b>
\$\$\$\$	<b>dantrolene</b> (Dantrium)

#### OTHER NEUROMUSCULAR DRUGS

\$\$\$	<b>pyridostigmine tabs</b> (Mestinon)
\$\$\$\$	MESTINON syrup – pyridostigmine
\$\$\$\$\$	MESTINON TIMESPAN – pyridostigmine ext-release
\$\$\$\$\$	RILUTEK – riluzole

### SUPPLEMENTS

#### VITAMINS

\$	MEPHYTON – phytonadione
\$\$\$	<b>calcitriol</b> (Rocaltrol)
\$\$\$	<b>ergocalciferol</b> (Drisdol)

#### MULTIVITAMINS

\$	<b>pediatric multivitamins/fluoride</b>
\$	<b>pediatric multivitamins/fluoride/iron</b>
\$	<b>pediatric vitamins ADC/fluoride</b>
\$	<b>pediatric vitamins ADC/fluoride/iron</b>
\$	<b>prenatal multivitamins/1 mg folic acid</b>

#### MINERALS AND ELECTROLYTES

\$	<b>potassium chloride ext-release tabs, 10 mEq</b> (K-Tabs)
\$	<b>potassium chloride ext-release tabs, 10 mEq, 20 mEq</b>
\$	<b>potassium chloride ext-release tabs, 8 mEq</b>
\$	<b>potassium chloride packets, 20 mEq</b> (K-Lor)
\$	<b>potassium chloride soln, 10%, 20%</b>
\$	<b>potassium phosphate/sodium phosphates</b> (K-Phos Neutral)
\$\$	K-PHOS – potassium phosphate monobasic
\$\$	<b>potassium chloride ext-release caps, 10 mEq</b> (Micro-K 10)
\$\$\$	<b>potassium bicarbonate/chloride effervescent tabs, 25 mEq</b> (K-Lyte/Cl)

### BLOOD MODIFYING DRUGS

\$	<b>folic acid tabs, 1 mg</b>
\$	<b>pentoxifylline ext-release</b> (Trental)
\$	<b>warfarin</b> (Coumadin)
\$\$	<b>cilostazol</b> (Pletal)
\$\$\$	<b>anagrelide</b> (Agrylin)
\$\$\$\$	DROXIA – hydroxyurea
\$\$\$\$	PLAVIX 75 mg – clopidogrel
\$\$\$\$\$	ARANESP – darbepoetin
\$\$\$\$\$	EPOGEN – epoetin alfa
\$\$\$\$\$	LOVENOX – enoxaparin
\$\$\$\$\$	NEULASTA – pegfilgrastim
\$\$\$\$\$	NEUPOGEN – filgrastim
\$\$\$\$\$	PROCRIT – epoetin alfa

Drug coverage is dependent on individual plan benefits

## TOPICAL DRUGS

### EYE

#### Anti-infectives

\$	<b>bacitracin oint</b>
\$	<b>bacitracin/polymyxin B oint</b>
\$	<b>ciprofloxacin soln</b> (Ciloxan)
\$	<b>erythromycin oint</b>
\$	<b>gentamicin oint, soln</b>
\$	<b>neomycin/polymyxin B/bacitracin oint</b>
\$	<b>neomycin/polymyxin B/gramicidin soln</b> (Neosporin)
\$	<b>ofloxacin soln</b> (Ocuflox)
\$	<b>polymyxin B/trimethoprim soln</b> (Polytrim)
\$	<b>sulfacetamide sodium soln</b> (Bleph-10)
\$	<b>tobramycin soln</b> (Tobrex)
\$\$\$	CILOXAN oint – ciprofloxacin
\$\$\$	VIGAMOX – moxifloxacin
\$\$\$\$	<b>trifluridine soln</b> (Viroptic)
\$\$\$\$\$	NATACYN – natamycin

#### Steroids and Combination Products

\$	<b>dexamethasone sodium phosphate soln</b>
\$	<b>fluorometholone susp</b> (FML Liquifilm)
\$	<b>neomycin/polymyxin B/bacitracin/hydrocortisone oint</b>
\$	<b>neomycin/polymyxin B/dexamethasone oint, susp</b> (Maxitrol)
\$	<b>prednisolone acetate susp</b> (Pred Forte)
\$	PREDNISOLONE SODIUM PHOSPHATE soln, 1%
\$	<b>sulfacetamide sodium/prednisolone soln</b>
\$\$\$	LOTEMAX – loteprednol
\$\$\$\$	TOBRADEX – tobramycin/dexamethasone
\$\$\$\$	<b>tobramycin/dexamethasone susp</b> (Tobradex)
\$\$\$\$	ZYLET – loteprednol/tobramycin

#### Glaucoma

\$	<b>carteolol soln</b>
\$	<b>levobunolol soln</b> (Betagan)
\$	<b>metipranolol soln</b> (Optipranolol)
\$	<b>pilocarpine soln</b> (Isopto Carpine)
\$	<b>timolol maleate gel-forming soln</b> (Timoptic-XE)
\$	<b>timolol maleate soln</b> (Timoptic)
\$\$	BETAXOLOL soln, 0.5%
\$\$	<b>brimonidine soln, 0.2%</b>
\$\$	<b>dorzolamide soln</b> (Trusopt)
\$\$	TRUSOPT – dorzolamide
\$\$\$	AZOPT – brinzolamide
\$\$\$	BETOPTIC-S – betaxolol
\$\$\$	<b>dorzolamide/timolol maleate soln</b> (Cosopt)
\$\$\$	TRAVATAN – travoprost
\$\$\$	TRAVATAN Z – travoprost
\$\$\$	XALATAN – latanoprost
\$\$\$\$	ALPHAGAN P – brimonidine

Drug coverage is dependent on individual plan benefits

### Other Eye Products

\$	<b>atropine sulfate oint, soln</b> (Isopto Atropine)
\$	<b>cyclopentolate soln</b> (Cyclogyl)
\$	<b>diclofenac soln</b> (Voltaren)
\$	<b>flurbiprofen soln</b> (Ocufen)
\$	<b>homatropine soln</b> (Isopto Homatropine)
\$\$	<b>cromolyn sodium soln</b> (Crolom)
\$\$\$\$	ACULAR – ketorolac
\$\$\$\$	ACULAR LS – ketorolac
\$\$\$\$	ACULAR PF – ketorolac
\$\$\$\$	OPTIVAR – azelastine
\$\$\$\$	PATANOL – olopatadine

### EAR

\$	<b>acetic acid</b>
\$	<b>benzocaine/antipyrine</b>
\$	<b>neomycin/polymyxin B/hydrocortisone</b> (Cortisporin)
\$	<b>ofloxacin</b> (Floxin Otic)
\$\$\$\$	CIPRO HC – ciprofloxacin/hydrocortisone
\$\$\$\$	CIPRODEX – ciprofloxacin/dexamethasone

### MOUTH AND THROAT (local)

\$	<b>lidocaine viscous</b>
\$\$	<b>nystatin susp</b>
\$\$\$	<b>pilocarpine tabs</b> (Salagen)
\$\$\$	<b>triamcinolone paste</b>
\$\$\$\$	EVOXAC – cevimeline caps

### ANORECTAL AGENTS

\$	<b>hydrocortisone acetate supp, 25 mg</b> (Anusol-HC)
\$	<b>hydrocortisone crm, 2.5%</b> (Anusol-HC)
\$\$\$\$	CORTIFOAM – hydrocortisone acetate
\$\$\$\$	<b>hydrocortisone enema</b>

### SKIN CONDITIONS/PRODUCTS

#### Acne

\$	<b>clindamycin</b> (Cleocin T)
\$	<b>erythromycin gel</b>
\$	<b>erythromycin pads, soln, 2%</b>
\$\$	<b>erythromycin/benzoyl peroxide</b> (Benzamycin)
\$\$	<b>sulfacetamide sodium/sulfur crm, emulsion</b> (Plexion)
\$\$	<b>tretinoin</b> (Retin-A)
\$\$\$	<b>metronidazole</b> (Metro lotion)
\$\$\$	<b>metronidazole gel, 0.75%</b>
\$\$\$	<b>metronidazole 0.75%</b> (Metrocream)
\$\$\$	<b>sulfacetamide sodium/sulfur lotn</b>
\$\$\$\$	DIFFERIN – adapalene
\$\$\$\$	FINACEA – azelaic acid, NF = Finacea Plus
\$\$\$\$	TAZORAC – tazarotene
\$\$\$\$	<b>isotretinoin caps</b> (Accutane)

#### Anti-infectives

\$	<b>econazole</b>
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Drug coverage is dependent on individual plan benefits

\$	<b>gentamicin</b>
\$	<b>ketoconazole crm</b>
\$	<b>ketoconazole shampoo, 2%</b> (Nizoral)
\$	<b>mupirocin oint</b> (Bactroban)
\$	<b>nystatin</b> (Mycostatin)
\$	<b>silver sulfadiazine</b> (Silvadene)
\$\$	<b>ciclopirox</b> (Loprox)
\$\$\$\$	LOPROX gel – ciclopirox
\$\$\$\$	LOPROX shampoo – ciclopirox
\$\$\$\$	ZOVIRAX – acyclovir

#### Corticosteroids

\$	<b>betamethasone dipropionate</b>
\$	<b>betamethasone dipropionate, augmented</b> (Diprolene)
\$	<b>betamethasone valerate</b>
\$	<b>clobetasol</b> (Temovate)
\$	<b>desonide</b> (Desowen)
\$	<b>fluocinonide</b>
\$	<b>fluticasone propionate</b> (Cutivate)
\$	<b>hydrocortisone valerate</b> (Westcort)
\$	<b>hydrocortisone 2.5%</b>
\$	<b>nystatin/triamcinolone</b>
\$	<b>triamcinolone</b>
\$	TRIAMCINOLONE oint, 0.05%
\$\$	<b>alclometasone</b> (Aclovote)
\$\$	<b>desoximetasone</b> (Topicort)
\$\$	<b>diflorasone</b>
\$\$	<b>halobetasol</b> (Ultravate)
\$\$	<b>mometasone</b> (Elocon)
\$\$\$\$	<b>clobetasol</b> (Olux)

#### Other Skin Products

\$	<b>aluminum chloride soln</b> (Drysol)
\$	<b>lidocaine jelly, 2%; oint, 5%; soln, 4%</b> (Xylocaine)
\$	<b>permethrin crm, 5%</b> (Elimite)
\$	<b>selenium sulfide 2.5%</b> (Selsun)
\$	XERAC AC – aluminum chloride
\$\$	<b>lidocaine/prilocaine crm</b> (Emla)
\$\$	PYROGALLIC ACID – pyrogallol/chlorobutanol
\$\$\$	<b>podofilox soln</b> (Condylox)
\$\$\$\$	<b>anthralin</b> (Dritho-Creme HP)
\$\$\$\$	<b>doxepin crm</b> (Zonalon)
\$\$\$\$	ELIDEL – pimecrolimus
\$\$\$\$	<b>fluorouracil crm, soln, 5%</b> (Efudex)
\$\$\$\$	<b>lindane lotn</b>
\$\$\$\$	<b>malathion</b> (Ovide)
\$\$\$\$	PROTOPIC – tacrolimus
\$\$\$\$	ALDARA – imiquimod
\$\$\$\$	<b>calcipotriene soln</b> (Dovonex)
\$\$\$\$	CARAC – fluorouracil

Drug coverage is dependent on individual plan benefits

\$\$\$\$\$ DOVONEX crm – calcipotriene

\$\$\$\$\$ FLUOROPLEX – fluorouracil

\$\$\$\$\$ REGRANEX – becaplermin

\$\$\$\$\$ SOLARAZE – diclofenac sodium

\$\$\$\$\$ SORIATANE CK Kit – acitretin

### MISCELLANEOUS CATEGORIES (includes supplies and devices)

DIABETIC SUPPLIES – Bayer Diagnostics and Roche Diagnostics meters, blood glucose control reagents, and blood test strips are preferred.

ACCU-CHEK ACTIVE

ACCU-CHEK ADVANTAGE

ACCU-CHEK AVIVA

ACCU-CHEK COMFORT CURVE

ACCU-CHEK COMPACT

ACCU-CHEK INSTANT

ASCENSIA AUTODISC

ASCENSIA BREEZE/BREEZE 2

ASCENSIA CONTOUR

ASCENSIA ELITE/ELITE XL

BD INSULIN SYRINGES

BD ULTRAFINE PEN NEEDLES

LANCETS & LANCET DEVICES

### RESPIRATORY INHALER-ASSIST DEVICES

BREATHERITE

### MISCELLANEOUS DRUGS

\$\$ **azathioprine** (Imuran)

\$\$\$ **sodium polystyrene sulfonate**

\$\$\$\$\$ CELLCEPT – mycophenolate mofetil

\$\$\$\$\$ CHEMET – succimer

\$\$\$\$\$ CUPRIMINE – penicillamine

\$\$\$\$\$ **cyclosporine** (Sandimmune)

\$\$\$\$\$ **cyclosporine modified caps, 25 mg, 100 mg; soln** (Neoral)

\$\$\$\$\$ **mycophenolate mofetil caps, tabs** (Cellcept)

\$\$\$\$\$ MYFORTIC – mycophenolate delayed-release

\$\$\$\$\$ PROGRAF – tacrolimus

\$\$\$\$\$ RAPAMUNE – sirolimus

Drug coverage is dependent on individual plan benefits

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<b>acetic acid ear soln</b> . . . . .	23	ARICEPT ODT . . . . .	18
<b>acetylcysteine</b> . . . . .	14	ARIMIDEX . . . . .	7
ACID JELLY . . . . .	16	AROMASIN . . . . .	7
ACTIVELLA 0.5/0.1 mg . . . . .	8	ASACOL 400 mg . . . . .	15
ACTONEL – <b>DL</b> . . . . .	10	ASCENSIA AUTODISC . . . . .	25
ACTOPLUS MET . . . . .	10	ASCENSIA BREEZE/BREEZE 2 . . . . .	25
ACTOS . . . . .	10	ASCENSIA CONTOUR . . . . .	25
ACULAR . . . . .	23	ASCENSIA ELITE/ELITE XL . . . . .	25
ACULAR LS . . . . .	23	ASTELIN – <b>DL</b> . . . . .	14
ACULAR PF . . . . .	23	ASTEPRO . . . . .	14
<b>acyclovir oral</b> (Zovirax) . . . . .	6	<b>atenolol/chlorthalidone</b> (Tenoretic) . . . . .	11
ADVAIR DISKUS – <b>DL</b> . . . . .	14	<b>atenolol</b> (Tenormin) . . . . .	11
ADVAIR HFA – <b>DL</b> . . . . .	14	ATRIPLA . . . . .	6
AFINITOR . . . . .	7	<b>atropine sulfate oint, soln</b> (Isopto Atropine) . . . . .	23
ALBENZA . . . . .	7	ATROVENT HFA – <b>DL</b> . . . . .	14
<b>albuterol sulfate inhal soln – DL</b> . . . . .	14	AVANDAMET . . . . .	10
<b>albuterol sulfate syrup, tabs</b> . . . . .	14	AVANDIA . . . . .	10
<b>alclometasone</b> (Aclovate) . . . . .	24	AVODART . . . . .	16
ALDARA . . . . .	24	AVONEX . . . . .	17
<b>alendronate tabs</b> (Fosamax) – <b>DL</b> . . . . .	10	<b>azathioprine</b> (Imuran) . . . . .	25
ALFERON N . . . . .	7	AZILECT . . . . .	20
ALKERAN . . . . .	7	<b>azithromycin</b> (Zithromax) . . . . .	5
ALLEGRA-D 12 hr, 24 hr . . . . .	14	AZOPT . . . . .	22
<b>allopurinol</b> . . . . .	19		
ALPHAGAN P . . . . .	22	<b>B</b>	
<b>alprazolam</b> (Xanax) . . . . .	16	<b>bacitracin eye oint</b> . . . . .	22
<b>aluminum chloride soln</b> (Drysol) . . . . .	24	<b>bacitracin/polymyxin B eye oint</b> . . . . .	22
<b>amantadine caps, syrup</b> . . . . .	20	<b>baclofen</b> . . . . .	20
<b>amiloride/hydrochlorothiazide</b> . . . . .	12	<b>balsalazide</b> (Colazal) . . . . .	15
<b>amiloride</b> (Midamor) . . . . .	13	BARACLUDGE . . . . .	6
<b>amiodarone</b> . . . . .	13	<b>benazepril/hydrochlorothiazide</b> (Lotensin HCT) . . . . .	11
<b>amitriptyline</b> . . . . .	16	<b>benazepril</b> (Lotensin) . . . . .	11
<b>amlodipine/benazepril</b> (Lotrel) . . . . .	12	BENICAR . . . . .	11
<b>amlodipine</b> (Norvasc) . . . . .	12	BENICAR HCT . . . . .	11
<b>amoxicillin</b> . . . . .	5	<b>benzocaine/antipyrine</b> . . . . .	23
<b>amoxicillin/potassium clavulanate</b> (Augmentin) . . . . .	5	<b>benztropine</b> . . . . .	20
AMOXIL drops . . . . .	5	<b>betamethasone dipropionate</b> . . . . .	24
		<b>betamethasone dipropionate, augmented</b> (Diprolene) . . . . .	24

<b>betamethasone valerate</b> . . . . .	24	<b>cefuroxime</b> (Ceftin) . . . . .	5
BETAXOLOL eye soln, 0.5% . . . . .	22	CELEBREX . . . . .	19
BETOPTIC-S . . . . .	22	CELLCEPT . . . . .	25
BILTRICIDE . . . . .	7	CELONTIN . . . . .	20
<b>bisoprolol/hydrochlorothiazide</b> (Ziac) . . . . .	11	CENESTIN . . . . .	8
<b>bisoprolol</b> (Zebeta) . . . . .	11	<b>cephalexin</b> (Keflex) . . . . .	5
BREATHERITE . . . . .	25	CHANTIX . . . . .	18
<b>brimonidine eye soln, 0.2%</b> . . . . .	22	CHEMET . . . . .	25
<b>bromocriptine</b> (Parlodel) . . . . .	20	<b>chloral hydrate syrup</b> . . . . .	17
<b>brompheniramine/pseudoephedrine ext-release caps, 6/60</b> . . . . .	14	<b>chloroquine phosphate</b> (Aralen) . . . . .	7
<b>bumetanide</b> (Bumex) . . . . .	12	<b>chlorothiazide</b> . . . . .	12
BUPHENYL . . . . .	10	<b>chlorpromazine</b> . . . . .	17
<b>bupropion ext-release – 12 hr</b> (Wellbutrin SR) . . . . .	16	<b>chlorthalidone 25 mg, 50 mg</b> . . . . .	12
<b>bupropion ext-release – 24 hr</b> (Wellbutrin XL) . . . . .	16	<b>chlorzoxazone</b> . . . . .	21
<b>bupropion ext-release</b> (Zyban) . . . . .	18	<b>cholestyramine</b> (Questran, Questran Light) . . . . .	12
<b>bupropion</b> (Wellbutrin) . . . . .	16	<b>chorionic gonadotropin</b> . . . . .	9
<b>buspirone</b> (Buspar) . . . . .	16	<b>ciclopirox</b> (Loprox) . . . . .	24
<b>butalbital/acetaminophen/caffeine caps, 50/325/40</b> (Esgic) . . . . .	18	<b>cilostazol</b> (Pletal) . . . . .	21
<b>butalbital/acetaminophen/caffeine tabs, 50/325/40</b> (Fioricet) . . . . .	18	CILOXAN oint. . . . .	22
<b>butalbital/acetaminophen/caffeine tabs, 50/500/40</b> (Esgic Plus) . . . . .	18	<b>cimetidine, 200 mg not covered</b> . . . . .	14
<b>butalbital/acetaminophen tabs, 50/325</b> (Phrenilin) . . . . .	18	CIPRODEX . . . . .	23
<b>butalbital/acetaminophen tabs, 50/650</b> (Sedapap) . . . . .	18	<b>ciprofloxacin soln</b> (Ciloxan) . . . . .	22
<b>butalbital/aspirin/caffeine caps, 50/325/40</b> (Fiorinal) . . . . .	18	<b>ciprofloxacin tabs</b> (Cipro) . . . . .	5
<b>butalbital/aspirin/caffeine/codeine caps</b> (Fiorinal w/Codeine) . . . . .	18	CIPRO HC . . . . .	23
<b>butalbital/aspirin/caffeine tabs, 50/325/40</b> . . . . .	18	<b>cialopram</b> (Celexa) . . . . .	16
<b>C</b>			
<b>cabergoline</b> . . . . .	10	<b>clarithromycin</b> (Biaxin) . . . . .	5
<b>calcipotriene soln</b> (Dovonex) . . . . .	24	<b>clindamycin</b> (Cleocin) . . . . .	7
<b>calcitonin-salmon nasal – includes Fortical</b> . . . . .	10	<b>clindamycin</b> (Cleocin T) . . . . .	23
<b>calcitriol</b> (Rocaltrol) . . . . .	21	<b>clindamycin vaginal crm</b> (Cleocin) . . . . .	16
<b>calcium acetate</b> (Phoslo) . . . . .	15	<b>clobetasol</b> (Olux) . . . . .	24
CANASA . . . . .	15	<b>clobetasol</b> (Temovate) . . . . .	24
<b>captopril</b> . . . . .	11	<b>clomiphene</b> (Clomid) . . . . .	9
<b>captopril/hydrochlorothiazide</b> . . . . .	11	<b>clomipramine</b> (Anafranil) . . . . .	17
CARAC . . . . .	24	<b>clonazepam</b> (Klonopin) . . . . .	20
CARAFATE susp . . . . .	15	<b>clonidine</b> (Catapres) . . . . .	13
<b>carbamazepine ext-release 200 mg, 400 mg</b> (Tegretol-XR) . . . . .	20	<b>clozapine 25 mg, 50 mg, 100 mg</b> (Clozaril) . . . . .	17
<b>carbamazepine</b> (Tegretol) . . . . .	19	<b>codeine/guaifenesin soln, 10/100 per 5 mL</b> . . . . .	14
<b>carbidopa/levodopa ext-release</b> (Sinemet CR) . . . . .	20	<b>codeine/guaifenesin tabs, 10/300</b> (Brontex) . . . . .	14
<b>carbidopa/levodopa ODT</b> (Parcopa) . . . . .	20	CODEINE SULFATE 15 mg . . . . .	18
<b>carbidopa/levodopa</b> (Sinemet) . . . . .	20	<b>codeine sulfate 30 mg, 60 mg</b> . . . . .	18
<b>carteolol eye soln</b> . . . . .	22	<b>colchicine</b> . . . . .	19
<b>carvedilol</b> (Coreg) . . . . .	11	COMBIVENT – DL . . . . .	14
CASODEX . . . . .	7	COMBIVIR . . . . .	6
CATAPRES-TTS . . . . .	13	COMTAN . . . . .	20
CEENU . . . . .	7	CONCERTA . . . . .	17
<b>cefadroxil</b> . . . . .	5	COPAXONE . . . . .	18
<b>cefdinir</b> (Omnicef) . . . . .	5	CORTIFOAM . . . . .	23
<b>cefepodoxime</b> (Vantin) . . . . .	5	<b>cortisone acetate</b> . . . . .	8
<b>cefprozil</b> . . . . .	5	CREON . . . . .	15
<b>ceftriaxone</b> (Rocephin) . . . . .	5	CRESTOR . . . . .	12
		CRINONE 8% . . . . .	16
		CRIXIVAN . . . . .	6

Drug coverage is dependent on individual plan benefits

<b>cromolyn sodium inhal soln – DL</b> . . . . .	14
<b>cromolyn sodium soln</b> (Crolom) . . . . .	23
CUPRIMINE . . . . .	25
<b>cyclobenzaprine</b> (Flexeril) . . . . .	21
<b>cyclopentolate soln</b> (Cyclogyl) . . . . .	23
CYCLOPHOSPHAMIDE tabs . . . . .	7
<b>cyclosporine modified caps, 25 mg, 100 mg; soln</b> (Neoral) . . . . .	25
<b>cyclosporine</b> (Sandimmune) . . . . .	25
<b>cyproheptadine</b> . . . . .	13
CYSTADANE . . . . .	10
CYSTAGON . . . . .	16
CYTOMEL . . . . .	10

## D

<b>danazol</b> . . . . .	8
<b>dantrolene</b> (Dantrium) . . . . .	21
DAPSONE . . . . .	7
DEGARELIX . . . . .	7
<b>demeclocycline</b> (Declomycin) . . . . .	5
DEPAKOTE ER . . . . .	20
DEPAKOTE SPRINKLES . . . . .	20
<b>desipramine</b> (Norpramin) . . . . .	16
<b>desmopressin inj</b> (DDAVP) . . . . .	11
<b>desmopressin nasal</b> (DDAVP) . . . . .	10
<b>desmopressin tabs</b> (DDAVP) . . . . .	10
<b>desogestrel/ethinyl estradiol</b> (Cyclessa) . . . . .	9
<b>desogestrel/ethinyl estradiol</b> (Mircette) . . . . .	9
<b>desogestrel/ethinyl estradiol</b> (Ortho-Cept) . . . . .	9
<b>desonide</b> (Desowen) . . . . .	24
<b>desoximetasone</b> (Topicort) . . . . .	24
DETROL . . . . .	16
DETROL LA . . . . .	16
<b>dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</b> . . . . .	8
<b>dexamethasone sodium phosphate eye soln</b> . . . . .	22
DEXAMETHASONE soln, 0.5 mg/5 mL . . . . .	8
DEXCHLORPHENIRAMINE MALEATE syrup . . . . .	13
<b>dextroamphetamine ext-release</b> (Dexedrine Spansule) . . . . .	17
<b>dextroamphetamine tabs, 5 mg</b> . . . . .	17
DIASTAT . . . . .	20
DIAZEPAM oral soln, 5 mg/5 mL . . . . .	16
<b>diazepam tabs</b> (Valium) . . . . .	16
DIBENZYLINE . . . . .	13
<b>diclofenac eye soln</b> (Voltaren) . . . . .	23
DICLOFENAC SODIUM delayed-release tabs, 25 mg . . . . .	19
<b>diclofenac sodium delayed-release</b> (Voltaren) . . . . .	19
<b>diclofenac sodium ext-release</b> (Voltaren-XR) . . . . .	19
<b>dicloxacillin</b> . . . . .	5
<b>dicyclomine</b> (Bentyl) . . . . .	14
<b>didanosine delayed-release</b> (Videx EC) . . . . .	6
DIFFERIN . . . . .	23
<b>diflorasone</b> . . . . .	24
DIGOXIN soln . . . . .	13

<b>digoxin tabs</b> (Lanoxin) . . . . .	13
DILANTIN 30 mg . . . . .	20
DILANTIN INFATABS . . . . .	20
DILAUDID-5 . . . . .	18
<b>diltiazem</b> (Cardizem) . . . . .	12
<b>diltiazem ext-release</b> (Cardizem CD) . . . . .	12
<b>diltiazem ext-release</b> (Dilacor XR) . . . . .	12
<b>diltiazem ext-release</b> (Tiazac) . . . . .	12
DIOVAN . . . . .	11
DIOVAN HCT . . . . .	11
DIPENTUM . . . . .	15
<b>diphenoxylate/atropine</b> (Lomotil) . . . . .	15
<b>disopyramide ext-release 150 mg</b> (Norpace CR) . . . . .	13
<b>disopyramide</b> (Norpace) . . . . .	13
<b>divalproex delayed-release</b> (Depakote) . . . . .	20
<b>divalproex delayed-release</b> (Depakote Sprinkles) . . . . .	20
<b>divalproex ext-release</b> (Depakote ER) . . . . .	20
DIVIGEL . . . . .	8
<b>dorzolamide soln</b> (Trusopt) . . . . .	22
<b>dorzolamide/timolol maleate soln</b> (Cosopt) . . . . .	22
DOVONEX crm . . . . .	25
<b>doxazosin</b> (Cardura) . . . . .	13
<b>doxepin caps, oral soln</b> . . . . .	16
<b>doxepin crm</b> (Zonalon) . . . . .	24
<b>doxycycline hyclate</b> . . . . .	5
<b>drospirenone/ethinyl estradiol</b> (Yasmin) . . . . .	9
DROXIA . . . . .	21
DUETACT . . . . .	10

## E

<b>econazole</b> . . . . .	23
EFFEXOR XR . . . . .	17
ELIDEL . . . . .	24
EMCYT . . . . .	7
EMEND caps . . . . .	15
EMTRIVA . . . . .	6
<b>enalapril/hydrochlorothiazide</b> (Vaseretic) . . . . .	11
<b>enalapril</b> (Vasotec) . . . . .	11
ENBREL . . . . .	19
ENJUVA . . . . .	8
ENTOCORT EC . . . . .	8
EPIPEN . . . . .	13
EPIPEN JR . . . . .	13
EPIVIR . . . . .	6
EPIVIR-HBV . . . . .	6
EPOGEN . . . . .	21
EPZICOM . . . . .	6
<b>ergocalciferol</b> (Drisdol) . . . . .	21
ERY-TAB . . . . .	5
<b>erythromycin/benzoyl peroxide</b> (Benzamycin) . . . . .	23
<b>erythromycin ethylsuccinate</b> . . . . .	5
<b>erythromycin eye oint</b> . . . . .	22

Drug coverage is dependent on individual plan benefits

ERYTHROMYCIN FILMTABS	5
<b>erythromycin gel</b>	23
<b>erythromycin/sulfisoxazole</b>	7
<b>erythromycin topical pads, soln, 2%</b>	23
<b>estazolam</b>	17
ESTRACE crm	16
ESTRADERM	8
<b>estradiol/norethindrone acetate 1/0.5 mg (Activella)</b>	8
<b>estradiol patches (Climara)</b>	8
<b>estradiol tabs (Estrace)</b>	8
<b>estropipate (Ogen)</b>	8
<b>ethambutol (Myambutol)</b>	5
<b>ethosuximide (Zarontin)</b>	20
<b>ethynodiol/ethinyl estradiol (Demulen)</b>	9
<b>etodolac</b>	19
EVISTA	10
EVOXAC	23
EXELON caps, soln	18
EXELON patches	18

## F

<b>famciclovir (Famvir)</b>	6
<b>famotidine, 20 mg not covered (Pepcid)</b>	15
FARESTON	7
<b>felodipine ext-release</b>	12
FEMARA	7
<b>fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (Lofibra)</b>	12
<b>fenofibrate tabs, 54 mg, 160 mg (Lofibra)</b>	12
<b>fentanyl patches (Duragesic)</b>	19
<b>fexofenadine (Allegra)</b>	13
FINACEA, NP = Finacea Plus	23
<b>finasteride (Proscar)</b>	16
<b>flecainide (Tambocor)</b>	13
FLOMAX	16
FLOVENT HFA – DL	14
<b>fluconazole (Diflucan)</b>	5
<b>fludrocortisone</b>	8
<b>flunisolide 25 mcg/spray – DL</b>	14
<b>fluocinonide</b>	24
<b>fluorometholone susp (FML Liquifilm)</b>	22
FLUOROPLEX	25
<b>fluorouracil crm, soln, 5% (Efudex)</b>	24
<b>fluoxetine (Prozac)</b>	16
<b>fluphenazine decanoate</b>	17
<b>fluphenazine hcl</b>	17
<b>flurbiprofen soln (Ocufen)</b>	23
<b>flutamide</b>	7
<b>fluticasone (Flonase) – DL</b>	13
<b>fluticasone propionate (Cutivate)</b>	24
<b>folic acid tabs, 1 mg</b>	21
FOLLISTIM AQ 300, 600, 900 units	9
FORADIL AEROLIZER – DL	14

<b>FORTEO – DL</b>	11
<b>fosinopril/hydrochlorothiazide (Monopril HCT)</b>	11
<b>fosinopril (Monopril)</b>	11
<b>furosemide soln, 10 mg/mL; tabs (Lasix)</b>	12
FUZEON	6

## G

<b>gabapentin caps, tabs (Neurontin)</b>	20
GABITRIL	20
GANCICLOVIR	6
GANIRELIX ACETATE	9
<b>gemfibrozil (Lopid)</b>	12
GENOTROPIN	10
<b>gentamicin eye oint, soln</b>	22
<b>gentamicin topical</b>	24
GEODON	17
<b>glimepiride (Amaryl)</b>	9
<b>glipizide ext-release (Glucotrol XL)</b>	9
<b>glipizide (Glucotrol)</b>	9
GLUCAGON EMERGENCY KIT	10
<b>glyburide/metformin (Glucovance)</b>	9
<b>glyburide (Micronase)</b>	9
<b>glyburide micronized (Glynase)</b>	9
<b>glycopyrrolate (Robinul)</b>	15
GONAL-F	9
GRIFULVIN V tabs	6
<b>griseofulvin microsize susp (Grifulvin V)</b>	6
GRIS-PEG	6
<b>guanfacine (Tenex)</b>	13

## H

<b>halobetasol (Ultravate)</b>	24
<b>haloperidol decanoate (Haldol)</b>	17
<b>haloperidol lactate oral soln</b>	17
<b>haloperidol tabs</b>	17
HECTOROL	11
HEPSERA	6
<b>homatropine soln (Isopto Homatropine)</b>	23
HUMALOG	10
HUMALOG MIX 50/50	10
HUMALOG MIX 75/25	10
HUMIRA	19
HUMULIN 50/50	10
HUMULIN 70/30	10
HUMULIN N	10
HUMULIN R	10
<b>hydralazine</b>	13
<b>hydrochlorothiazide caps (Microzide)</b>	12
<b>hydrochlorothiazide tabs, 25 mg, 50 mg</b>	12
<b>hydrocodone/acetaminophen caps, 5/500</b>	18
<b>hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)</b>	18
<b>hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500 (Lortab)</b>	18

Drug coverage is dependent on individual plan benefits

<b>hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325</b> (Norco) . . . . .	18
<b>hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660</b> (Vicodin, Vicodin ES, Vicodin HP) . . . . .	18
<b>hydrocodone/acetaminophen tabs, 7.5/650, 10/650</b> (Lorcet, Lorcet Plus) . . . . .	18
<b>hydrocodone/acetaminophen tabs, 10/750</b> (Maxidone) . . . . .	18
<b>hydrocodone/ibuprofen tabs, 5/200</b> (Reprexain) . . . . .	18
<b>hydrocodone/ibuprofen tabs, 7.5/200</b> (Vicoprofen) . . . . .	18
<b>hydrocodone/ibuprofen tabs, 10/200</b> (Ibudone) . . . . .	19
<b>hydrocortisone acetate supp, 25 mg</b> (Anusol-HC) . . . . .	23
<b>hydrocortisone</b> (Cortef) . . . . .	8
<b>hydrocortisone enema</b> . . . . .	23
<b>hydrocortisone rectal crm, 2.5%</b> (Anusol-HC) . . . . .	23
<b>hydrocortisone topical, 2.5%</b> . . . . .	24
<b>hydrocortisone valerate</b> (Westcort) . . . . .	24
<b>hydromorphone tabs</b> (Dilaudid) . . . . .	18
<b>hydroxychloroquine</b> (Plaquenil) . . . . .	7
<b>hydroxyurea</b> (Hydrea) . . . . .	7
<b>hydroxyzine hcl</b> . . . . .	16
<b>hydroxyzine pamoate</b> (Vistaril) . . . . .	16
<b>hyoscyamine ext-release tabs</b> (Levbid) . . . . .	15
<b>hyoscyamine</b> (Levsin) . . . . .	15

**I**

<b>ibuprofen – susp, 100 mg/5 mL not covered</b> . . . . .	19
<b>imipramine hcl</b> (Tofranil) . . . . .	16
IMITREX inj kit – <b>DL</b> . . . . .	19
IMITREX nasal – <b>DL</b> . . . . .	19
IMITREX tabs – <b>DL</b> . . . . .	19
INCRELEX . . . . .	10
<b>indapamide</b> . . . . .	12
<b>indomethacin</b> . . . . .	19
INNOPRAN XL . . . . .	11
INSULIN SYRINGES, BD . . . . .	25
INSULIN ULTRAFINE PEN NEEDLES, BD . . . . .	25
INTAL INHALER – <b>DL</b> . . . . .	14
INTELENCE . . . . .	6
INTRON A . . . . .	6, 7
INVIRASE . . . . .	6
<b>ipratropium/albuterol sulfate</b> (Duoneb) – <b>DL</b> . . . . .	14
<b>ipratropium inhal soln – DL</b> . . . . .	14
<b>ipratropium nasal</b> (Atrovent) – <b>DL</b> . . . . .	14
IRESSA . . . . .	7
ISENTRESS . . . . .	6
<b>isoniazid/rifampin</b> (Rifamate) . . . . .	5
ISONIAZID syrup . . . . .	5
<b>isoniazid tabs</b> . . . . .	5
<b>isosorbide dinitrate</b> (Isordil) . . . . .	12
<b>isosorbide mononitrate ext-release</b> . . . . .	12
<b>isosorbide mononitrate</b> (Monoket) . . . . .	12
<b>isotretinoin caps</b> (Accutane) . . . . .	23
<b>itraconazole caps</b> (Sporanox) . . . . .	6

**K**

KADIAN . . . . .	19
KALETRA . . . . .	6
KEPPRA . . . . .	20
<b>ketoconazole crm</b> . . . . .	24
<b>ketoconazole shampoo, 2%</b> (Nizoral) . . . . .	24
<b>ketoconazole tabs</b> . . . . .	5
<b>ketoprofen</b> . . . . .	19
K-PHOS . . . . .	21

**L**

<b>labetalol</b> (Trandate) . . . . .	11
<b>lactulose</b> . . . . .	14, 15
LAMICTAL Starter Kit . . . . .	20
LAMISIL granules . . . . .	6
<b>lamotrigine</b> (Lamictal) . . . . .	20
LANCETS & LANCET DEVICES . . . . .	25
LANTUS . . . . .	10
<b>leflunomide</b> (Arava) . . . . .	19
<b>leucovorin calcium tabs, 5 mg, 25 mg</b> . . . . .	7
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg . . . . .	7
LEUKERAN . . . . .	8
<b>leuprolide</b> (Lupron) . . . . .	8
LEVAQUIN . . . . .	5
LEVEMIR . . . . .	10
<b>levetiracetam</b> (Keppra) . . . . .	20
<b>levobunolol soln</b> (Betagan) . . . . .	22
<b>levonorgestrel/ethinyl estradiol</b> (Alesse) . . . . .	9
<b>levonorgestrel/ethinyl estradiol</b> (Levlite) . . . . .	9
<b>levonorgestrel/ethinyl estradiol</b> (Nordette) . . . . .	9
<b>levonorgestrel/ethinyl estradiol</b> (Seasonale) . . . . .	9
<b>levonorgestrel/ethinyl estradiol</b> (Triphasil) . . . . .	9
<b>levothyroxine – includes Levoxyl</b> (Synthroid) . . . . .	10
LEXAPRO . . . . .	17
LEXIVA . . . . .	6
LIALDA . . . . .	15
<b>lidocaine jelly, 2%; oint, 5%; soln, 4%</b> (Xylocaine) . . . . .	24
<b>lidocaine/prilocaine crm</b> (Emla) . . . . .	24
<b>lidocaine viscous</b> . . . . .	23
<b>lindane lotn</b> . . . . .	24
<b>liothyronine</b> (Cytomel) . . . . .	10
LIPRAM UL . . . . .	15
<b>lisinopril/hydrochlorothiazide</b> (Prinzide) . . . . .	11
<b>lisinopril</b> (Prinivil) . . . . .	11
<b>lithium carbonate caps</b> . . . . .	17
<b>lithium carbonate ext-release 300 mg</b> (Lithobid) . . . . .	17
<b>lithium carbonate ext-release 450 mg</b> . . . . .	17
<b>lithium citrate</b> . . . . .	17
LOPROX gel . . . . .	24
LOPROX shampoo . . . . .	24
<b>lorazepam</b> (Ativan) . . . . .	16
<b>lorazepam conc</b> (Lorazepam Intensol) . . . . .	16

Drug coverage is dependent on individual plan benefits

LOTEMAX . . . . .	22
LOTREL 5/40, 10/40 . . . . .	12
<b>lovastatin</b> (Mevacor) . . . . .	12
LOVENOX . . . . .	21
<b>loxapine</b> . . . . .	17

## M

MALARONE . . . . .	7
<b>malathion</b> (Ovide) . . . . .	24
MAXALT – DL . . . . .	19
MAXALT-MLT – DL . . . . .	19
<b>mebendazole</b> . . . . .	7
<b>meclizine</b> (Antivert) . . . . .	15
<b>medroxyprogesterone acetate inj, 150 mg/mL</b> (Depo-Provera) . . . . .	9
<b>medroxyprogesterone acetate</b> (Provera) . . . . .	8
<b>mefloquine</b> (Lariam) . . . . .	7
<b>megestrol</b> (Megace) . . . . .	8
<b>meloxicam tabs</b> (Mobic) . . . . .	19
MEPHYTON . . . . .	21
<b>mercaptapurine</b> (Purinethol) . . . . .	8
<b>mesalamine enema</b> . . . . .	15
MESNEX tabs . . . . .	8
MESTINON syrup . . . . .	21
MESTINON TIMESPAN . . . . .	21
METAPROTERENOL tabs . . . . .	14
<b>metformin ext-release</b> (Glucophage XR) . . . . .	9
<b>metformin</b> (Glucophage) . . . . .	9
<b>methadone conc, tabs</b> . . . . .	18
<b>methazolamide</b> . . . . .	12
METHERGINE . . . . .	10
<b>methimazole</b> (Tapazole) . . . . .	10
<b>methocarbamol</b> (Robaxin) . . . . .	21
<b>methotrexate tabs</b> . . . . .	8
<b>methyldopa</b> . . . . .	13
<b>methylphenidate ext-release</b> (Ritalin SR) . . . . .	17
<b>methylphenidate</b> (Ritalin) . . . . .	17
<b>methylprednisolone</b> (Medrol) . . . . .	8
<b>metipranolol soln</b> (Optipranolol) . . . . .	22
<b>metoclopramide</b> (Reglan) . . . . .	15
<b>metolazone</b> (Zaroxolyn) . . . . .	13
<b>metoprolol succinate ext-release</b> (Toprol XL) . . . . .	11
<b>metoprolol tartrate</b> (Lopressor) . . . . .	11
<b>metronidazole 0.75%</b> (Metrocream) . . . . .	23
<b>metronidazole gel, 0.75%</b> . . . . .	23
<b>metronidazole</b> (MetroGel-Vaginal) . . . . .	16
<b>metronidazole</b> (MetroIotion) . . . . .	23
<b>metronidazole tabs</b> (Flagyl) . . . . .	7
MEXILETINE . . . . .	13
<b>midodrine</b> (Proamatine) . . . . .	13
MIGRANAL – DL . . . . .	19
<b>minocycline caps, tabs</b> (Minocin, Dynacin) . . . . .	5
<b>minoxidil</b> . . . . .	13

MIRAPEX . . . . .	20
<b>mirtazapine</b> (Remeron) . . . . .	16
<b>misoprostol</b> (Cytotec) . . . . .	15
<b>moexipril/hydrochlorothiazide</b> (Uniretic) . . . . .	11
<b>moexipril</b> (Univasc) . . . . .	11
<b>mometasone</b> (Elocon) . . . . .	24
<b>morphine sulfate conc, 20 mg/mL; tabs</b> . . . . .	18
<b>morphine sulfate ext-release</b> (MS Contin) . . . . .	18
MORPHINE SULFATE soln, 20 mg/5 mL; supp, 30 mg . . . . .	19
<b>morphine sulfate supp, 5 mg, 10 mg, 20 mg</b> . . . . .	19
<b>mupirocin oint</b> (Bactroban) . . . . .	24
MYCOBUTIN . . . . .	5
<b>mycophenolate mofetil caps, tabs</b> (Cellcept) . . . . .	25
MYFORTIC . . . . .	25
MYLERAN . . . . .	8

## N

<b>nabumetone</b> . . . . .	19
<b>nadolol 20 mg, 40 mg, 80 mg</b> (Corgard) . . . . .	11
<b>naproxen</b> (Naprosyn) . . . . .	19
<b>naproxen sodium</b> (Anaprox) . . . . .	19
NARDIL . . . . .	17
NASACORT AQ – DL . . . . .	14
NASONEX – DL . . . . .	14
NATACYN . . . . .	22
<b>neomycin/polymyxin B/bacitracin eye oint</b> . . . . .	22
<b>neomycin/polymyxin B/bacitracin/hydrocortisone eye oint</b> . . . . .	22
<b>neomycin/polymyxin B/dexamethasone oint, susp</b> (Maxitrol) . . . . .	22
<b>neomycin/polymyxin B/gramicidin eye soln</b> (Neosporin) . . . . .	22
<b>neomycin/polymyxin B/hydrocortisone ear soln, susp</b> (Cortisporin) . . . . .	23
<b>neomycin sulfate</b> . . . . .	5
NEULASTA . . . . .	21
NEUPOGEN . . . . .	21
NEURONTIN soln . . . . .	20
<b>NEXIUM 20 mg, 40 mg – DL</b> . . . . .	15
NIASPAN . . . . .	12
<b>nifedipine ext-release</b> (Adalat CC) . . . . .	12
<b>nifedipine ext-release</b> (Procardia XL) . . . . .	12
NILANDRON . . . . .	8
NITRO-BID oint . . . . .	12
<b>nitrofurantoin macrocrystals</b> (Macrochantin) . . . . .	16
<b>nitrofurantoin monohydrate/macrocrystals</b> (Macrobid) . . . . .	15
<b>nitroglycerin patches</b> (Nitro-Dur) . . . . .	12
<b>nitroglycerin sublingual tabs</b> (Nitrostat) . . . . .	12
<b>norethindrone acetate</b> (Aygestin) . . . . .	9
<b>norethindrone acetate/ethinyl estradiol/Fe</b> (Loestrin Fe) . . . . .	9
<b>norethindrone acetate/ethinyl estradiol</b> (Loestrin) . . . . .	9
<b>norethindrone/ethinyl estradiol</b> (Modicon) . . . . .	9
<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 1/35) . . . . .	9
<b>norethindrone/ethinyl estradiol</b> (Ortho-Novum 7/7/7) . . . . .	9
<b>norethindrone/ethinyl estradiol</b> (Ovcon 35) . . . . .	9

Drug coverage is dependent on individual plan benefits

norethindrone/ethinyl estradiol (Tri-Norinyl) . . . . .	9	PATANOL . . . . .	23
norethindrone/mestranol (Ortho-Novum 1/50) . . . . .	9	<b>pediatric multivitamins/fluoride</b> . . . . .	21
norethindrone (Nor-QD) . . . . .	9	<b>pediatric multivitamins/fluoride/iron</b> . . . . .	21
norethindrone (Ortho Micronor) . . . . .	9	<b>pediatric vitamins ADC/fluoride</b> . . . . .	21
norgestimate/ethinyl estradiol (Ortho-Cyclen) . . . . .	9	<b>pediatric vitamins ADC/fluoride/iron</b> . . . . .	21
norgestimate/ethinyl estradiol (Ortho Tri-Cyclen) . . . . .	9	PEGASYS . . . . .	6
norgestrel/ethinyl estradiol (Lo/Ovral) . . . . .	9	<b>PEG – electrolytes for soln (Colyte)</b> . . . . .	14
nortriptyline (Pamelor) . . . . .	16	<b>PEG – electrolytes for soln (Nulytely)</b> . . . . .	14
NORVIR . . . . .	6	PEG-INTRON . . . . .	6
NOVOLIN 70/30 . . . . .	10	<b>penicillin v potassium</b> . . . . .	5
NOVOLIN N . . . . .	10	PENTASA . . . . .	15
NOVOLIN R . . . . .	10	<b>pentoxifylline ext-release (Trental)</b> . . . . .	21
NOVOLOG . . . . .	10	<b>permethrin crm, 5% (Elimite)</b> . . . . .	24
NOVOLOG MIX 70/30 . . . . .	10	<b>perphenazine</b> . . . . .	17
NOXAFIL . . . . .	6	<b>phenobarbital</b> . . . . .	20
NUTROPIN . . . . .	10	PHENYTEK . . . . .	20
NUTROPIN AQ . . . . .	10	<b>phenytoin sodium extended (Dilantin)</b> . . . . .	20
NUVARING . . . . .	9	<b>phenytoin susp (Dilantin)</b> . . . . .	20
<b>nystatin susp</b> . . . . .	23	PHOSLO . . . . .	15
<b>nystatin tabs</b> . . . . .	6	<b>pilocarpine soln (Isopto Carpine)</b> . . . . .	22
<b>nystatin topical (Mycostatin)</b> . . . . .	24	<b>pilocarpine tabs (Salagen)</b> . . . . .	23
<b>nystatin/triamcinolone</b> . . . . .	24	PINDOLOL . . . . .	11
<b>O</b>		<b>piroxicam (Feldene)</b> . . . . .	19
<b>octreotide (Sandostatin)</b> . . . . .	11	PLAN B . . . . .	9
<b>ofloxacin soln (Floxin Otic)</b> . . . . .	23	PLAVIX 75 mg . . . . .	21
<b>ofloxacin soln (Ocuflox)</b> . . . . .	22	<b>podofilox soln (Condylox)</b> . . . . .	24
<b>omeprazole delayed release (Prilosec) – DL</b> . . . . .	15	<b>polymyxin B/trimethoprim soln (Polytrim)</b> . . . . .	22
<b>ondansetron ODT (Zofran ODT)</b> . . . . .	15	<b>potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/CI)</b> . . . . .	21
<b>ondansetron oral soln, tabs (Zofran)</b> . . . . .	15	<b>potassium chloride ext-release caps, 10 mEq (Micro-K 10)</b> . . . . .	21
OPTIVAR . . . . .	23	<b>potassium chloride ext-release tabs, 8 mEq</b> . . . . .	21
ORAP . . . . .	18	<b>potassium chloride ext-release tabs, 10 mEq, 20 mEq</b> . . . . .	21
<b>orphenadrine/aspirin/caffeine 25/385/30</b> . . . . .	21	<b>potassium chloride ext-release tabs, 10 mEq (K-Tabs)</b> . . . . .	21
<b>orphenadrine citrate ext-release</b> . . . . .	21	<b>potassium chloride packets, 20 mEq (K-Lor)</b> . . . . .	21
ORTHO TRI-CYCLEN LO . . . . .	9	<b>potassium chloride soln, 10%, 20%</b> . . . . .	21
<b>oxcarbazepine tabs (Trileptal)</b> . . . . .	20	<b>potassium citrate/citric acid powder, soln (Polycitra-K)</b> . . . . .	16
<b>oxybutynin</b> . . . . .	16	<b>potassium citrate ext-release (Urocit-K)</b> . . . . .	16
<b>oxybutynin ext-release (Ditropan XL)</b> . . . . .	16	<b>potassium phosphate/sodium phosphates (K-Phos Neutral)</b> . . . . .	21
<b>oxycodone/acetaminophen caps, 5/500 (Tylox)</b> . . . . .	18	PRANDIN . . . . .	10
<b>oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)</b> . . . . .	18	<b>pravastatin (Pravachol)</b> . . . . .	12
<b>oxycodone/aspirin tabs, 5/325 (Percodan)</b> . . . . .	19	<b>prazosin (Minipress)</b> . . . . .	13
<b>oxycodone caps (OxyIR)</b> . . . . .	18	<b>prednisolone acetate susp (Pred Forte)</b> . . . . .	22
<b>oxycodone conc, soln, tabs (Roxicodone)</b> . . . . .	18	PREDNISOLONE SODIUM PHOSPHATE eye soln, 1% . . . . .	22
<b>oxycodone ext-release (OxyContin)</b> . . . . .	19	<b>prednisolone sodium phosphate soln (Orapred, Pediapred)</b> . . . . .	8
<b>P</b>		<b>prednisolone soln (Prelone)</b> . . . . .	8
PANCREASE MT . . . . .	15	<b>prednisone</b> . . . . .	8
PANCRELIPASE tabs, 30-8-30 . . . . .	15	PREDNISONE INTENSOL . . . . .	8
<b>pantoprazole delayed-release (Protonix) – DL</b> . . . . .	15	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg . . . . .	8
PARCOPA . . . . .	20	PREMARIN crm . . . . .	16
<b>paroxetine hcl ext-release 12.5 mg, 25 mg (Paxil CR)</b> . . . . .	17	PREMARIN tabs . . . . .	8
<b>paroxetine hcl (Paxil)</b> . . . . .	16	PREMPHASE . . . . .	8
		PREMPRO . . . . .	8
		<b>prenatal multivitamins/1 mg folic acid</b> . . . . .	21

Drug coverage is dependent on individual plan benefits

PREVPAC	15
PREZISTA	6
PRIMAQUINE PHOSPHATE	7
<b>primidone</b> (Mysoline)	20
PROAIR HFA – <b>DL</b>	14
<b>probenecid</b>	19
<b>probenecid/colchicine</b>	19
<b>prochlorperazine supp</b>	17
<b>prochlorperazine tabs</b>	17
PROCRIT	21
PROGRAF	25
<b>promethazine supp</b>	13
<b>promethazine syrup, tabs</b>	13
PROMETRIUM	9
<b>propafenone</b> (Rythmol)	13
PROPANTHELINE BROMIDE 15 mg	15
<b>propoxyphene hcl/acetaminophen tabs, 65/650</b>	18
<b>propoxyphene napsylate/acetaminophen 50/325, 100/650</b> (Darvocet-N)	18
<b>propranolol ext-release</b> (Inderal LA)	11
<b>propranolol/hydrochlorothiazide 40/25</b>	11
PROPRANOLOL soln	11
<b>propranolol tabs</b>	11
<b>propylthiouracil</b>	10
PROTOPIC	24
PULMICORT FLEXHALER – <b>DL</b>	14
PULMICORT RESPULES – <b>DL</b>	14
PULMOZYME	14
<b>pyrazinamide</b>	5
<b>pyridostigmine tabs</b> (Mestinon)	21
PYROGALLIC ACID	24
<b>Q</b>	
<b>quinapril</b> (Accupril)	11
<b>quinapril/hydrochlorothiazide</b> (Accuretic)	11
<b>quinidine gluconate ext-release</b>	13
<b>quinidine sulfate</b>	13
QVAR – <b>DL</b>	14
<b>R</b>	
<b>ramipril caps</b> (Altace)	11
<b>ranitidine, 150 mg not covered</b> (Zantac)	15
RAPAMUNE	25
REBIF	18
REGRANEX	25
RENAGEL	15
REVELA	15
REPRONEX	9
RESCRIPTOR	6
RESTORIL 7.5 mg	17
REYATAZ	6
<b>ribavirin caps</b> (Rebetol)	6
<b>ribavirin tabs</b> (Copegus)	6

<b>rifampin</b> (Rifadin)	5
RILUTEK	21
RISPERDAL M-TAB	17
RISPERDAL soln	17
<b>risperidone ODT, 0.5 mg, 2 mg, 3 mg, 4 mg</b> (Risperdal M-Tab)	17
<b>risperidone soln, tabs</b> (Risperdal)	17
ROFERON-A	8
<b>ropinirole</b> (Requip)	20

## S

<b>salsalate</b>	18
<b>selegiline caps</b> (Eldepryl)	20
<b>selenium sulfide 2.5%</b> (Selsun)	24
SELZENTRY	7
SENSIPAR	11
SEREVENT DISKUS – <b>DL</b>	14
SEROQUEL	17
SEROQUEL XR	17
<b>sertraline</b> (Zoloft)	16
<b>silver sulfadiazine</b> (Silvadene)	24
<b>simvastatin</b> (Zocor)	12
SINGULAIR	14
<b>sodium citrate/citric acid</b> (Bicitra)	16
<b>sodium polystyrene sulfonate</b>	25
SOLARAZE	25
SORIATANE CK Kit	25
<b>sotalol</b> (Betapace)	13
<b>sotalol</b> (Betapace AF)	13
SPIRIVA HANDIHALER – <b>DL</b>	14
<b>spironolactone</b> (Aldactone)	12
<b>spironolactone/hydrochlorothiazide 25/25</b> (Aldactazide)	12
<b>stavudine</b> (Zerit)	6
STIMATE	11
STROMEKTOL	7
SUBOXONE	19
SUBUTEX	19
<b>sucralfate tabs</b> (Carafate)	15
<b>sulfacetamide sodium/prednisolone eye soln</b>	22
<b>sulfacetamide sodium soln</b> (Bleph-10)	22
<b>sulfacetamide sodium/sulfur crm, emulsion</b> (Plexion)	23
<b>sulfacetamide sodium/sulfur lotn</b>	23
<b>sulfamethoxazole/trimethoprim</b> (Bactrim, Septra)	7
<b>sulfasalazine</b> (Azulfidine)	15
<b>sulindac</b> (Clinoril)	19
<b>sumatriptan tabs</b> (Imitrex) – <b>DL</b>	19
<b>sumatriptan vials, 6 mg</b> (Imitrex) – <b>DL</b>	19
SUSTIVA	7
SYMBICORT – <b>DL</b>	14

## T

TABLOID	8
<b>tamoxifen</b>	8

Drug coverage is dependent on individual plan benefits

TAZORAC	23
TEGRETOL-XR	20
<b>temazepam</b> (Restoril)	17
<b>terazosin</b>	13
<b>terbinafine tabs</b> (Lamisil)	6
<b>terbutaline</b> (Brethine)	14
TESTIM	8
<b>tetracycline</b>	5
<b>theophylline ext-release tabs – 12 hr – Theochron</b>	14
<b>theophylline ext-release tabs – 24 hr</b> (Uniphyll)	14
<b>thiothixene</b> (Navane)	17
<b>timolol maleate gel-forming soln</b> (Timoptic-XE)	22
<b>timolol maleate soln</b> (Timoptic)	22
TIMOLOL tabs	11
<b>tizanidine tabs</b> (Zanaflex)	21
TOBI	5
TOBRADEX	22
<b>tobramycin/dexamethasone susp</b> (Tobradex)	22
<b>tobramycin soln</b> (Tobrex)	22
TOPAMAX	20
<b>topiramate</b> (Topamax)	20
<b>torsemide</b> (Demadex)	12
TRACLEER – <b>DL</b>	13
<b>tramadol/acetaminophen</b> (Ultracet)	18
<b>tramadol</b> (Ultram)	18
<b>trandolapril</b> (Mavik)	11
<b>tranlycypromine</b> (Parnate)	17
TRAVATAN	22
TRAVATAN Z	22
<b>trazodone</b>	16
<b>tretinoin caps</b> (Vesanoid)	8
<b>tretinoin</b> (Retin-A)	23
TREXALL	8
<b>triamcinolone</b>	24
<b>triamcinolone dental paste</b>	23
TRIAMCINOLONE oint, 0.05%	24
<b>triamterene/hydrochlorothiazide caps, 37.5/25</b> (Dyazide)	13
<b>triamterene/hydrochlorothiazide caps, 50/25</b>	13
<b>triamterene/hydrochlorothiazide tabs, 37.5/25</b> (Maxzide-25)	13
<b>triamterene/hydrochlorothiazide tabs, 75/50</b> (Maxzide)	13
TRICOR	12
<b>trifluoperazine</b>	17
<b>trifluridine soln</b> (Viroptic)	22
<b>trihexyphenidyl</b>	20
TRILEPTAL susp	20
TRILIPIX	12
<b>trimethobenzamide caps</b> (Tigan)	15
<b>trimethoprim</b>	7
TRIZIVIR	7
TRUSOPT	22
TRUVADA	7

## U

ULTRASE/MT	15
URSO	15
<b>ursodiol caps</b> (Actigall)	15
<b>ursodiol tabs</b> (Urso)	15

## V

VAGIFEM	16
VALCYTE	6
<b>valproic acid</b> (Depakene)	20
VALTREX	6
<b>venlafaxine</b> (Effexor)	17
<b>verapamil</b> (Calan)	12
<b>verapamil ext-release</b> (Calan SR)	12
<b>verapamil ext-release</b> (Verelan)	12
VESICARE	16
VFEND	6
VIAGRA – <b>DL</b>	13
VIDEX	7
VIDEX EC 125 mg	6
VIGAMOX	22
VIOKASE	15
VIRACEPT	7
VIRAMUNE	7
VIREAD	7
VIVELLE-DOT	8

## W

<b>warfarin</b> (Coumadin)	21
WELCHOL	12

## X

XALATAN	22
XERAC AC	24
XOPENEX HFA – <b>DL</b>	14

## Y

YAZ	9
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## Z

<b>zaleplon</b> (Sonata) – <b>DL</b>	17
ZERIT	7
ZIAGEN	7
<b>zidovudine</b> (Retrovir)	6
ZITHROMAX packets, 1 g	5
<b>zolpidem</b> (Ambien) – <b>DL</b>	17
ZOMIG nasal – <b>DL</b>	19
ZOMIG tabs – <b>DL</b>	19
ZOMIG ZMT – <b>DL</b>	19
<b>zonisamide</b> (Zonegran)	20
ZOVIRAX topical	24
ZYLET	22
ZYVOX	7